



**Housing Programs  
Housing and Social Services Department  
Kingston–Frontenac Renovates  
2024 Application Form**

### Part A – Service Manager Information

Service Manager Name: City of Kingston

Department Name: Housing and Social Services Department

Telephone Number: 613-546-2695 ext. 4949/4836 Fax Number: 613-546-2623

E-Mail Address: [housing@cityofkingston.ca](mailto:housing@cityofkingston.ca)

### Part B – Project Description

**Homeowner(s) address and contact information (if any homeowner(s) is not at this address, attach additional page(s))**

Number: \_\_\_\_\_ Street: \_\_\_\_\_

City or Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Homeowner Information (Primary owner)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Citizenship/residency Status (Verification required): \_\_\_\_\_

#### Homeowner Information (Secondary owner)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Citizenship/residency Status (Verification required): \_\_\_\_\_

#### Homeowner Information (Third owner)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Citizenship/residency Status (Verification required): \_\_\_\_\_

#### Household Composition (All additional people living at this address but not listed above)

Please add an additional page to this document if required.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Project Information****Previous Loan Assistance**

Has this project received previous Government funding?

Example: Kingston-Frontenac Renovates Program (KFRP)/Renovation and Repair Assistance Program (RRAP), other.  Yes  No

If yes, name the Program Type, date it was approved and funding amount:

Name: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Funding Amount: \_\_\_\_\_

**Property Description:**

Semi-Detached  Detached  Townhouse or Row House

Other (Please describe): \_\_\_\_\_

Age of House: \_\_\_\_\_ Approximate Value of House: \_\_\_\_\_

House Size:  1 Storey  2 Storey  3 Storey

Number of Bedrooms: \_\_\_\_\_

Is there a Lien on the house?  Yes  No (City will do a Title Search)

Are Property Taxes current?  Yes  No (Verification required)

Is there a Mortgage on the home?  Yes  No

Are mortgage payments current?  Yes  No (Verification Required)

Is there House insurance on home?  Yes  No (Verification Required)

Are insurance payments current?  Yes  No (Verification Required)

**Type of Work Required: (Select all that apply)**

Electrical  Fire Safety  Heating  Plumbing

Septic/Well Water drilling  Structural  Overcrowded  Accessibility

Other – Please Specify: \_\_\_\_\_

**Please provide a brief description of the required work:**

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**Income Form**

Personal information is collected in order to determine your eligibility for financial assistance. Information collected is considered confidential and will only be shared and discussed with other agencies or individuals to determine your eligibility for financial assistance.

**Note: Your application cannot be processed unless you include all required documents.**

Total Household Income	Gross Amount per year
<b>Homeowner (#1)</b> – Attach a copy of your ‘most recent’ Notice of Assessment from the Canada Revenue Agency. (Other forms of income verification may be requested)	\$
<b>Homeowner (#2)</b> – Attach a copy of your ‘most recent’ Notice of Assessment from the Canada Revenue Agency. (Other forms of income verification may be requested)	\$
<b>Homeowner (#3)</b> – Attach a copy of your ‘most recent’ Notice of Assessment from the Canada Revenue Agency. (Other forms of income verification may be requested)	\$

Do any of the homeowner(s) listed above have any **non-registered** investments, savings and TFSA accounts, etc.?

Yes    No   If Yes, how much? \$\_\_\_\_\_

Do any of the homeowners listed above currently own or have a vested interest in any other property/assets? (i.e. cottage, another home, recreational vehicles, etc.)

Yes    No   If Yes, what do you own? \_\_\_\_\_

**Approximate total value \$** \_\_\_\_\_

Is the Homeowner or are the Homeowners currently applying for bankruptcy or currently have an active bankruptcy file?

Yes    No

## Applicant Declaration

I/we hereby confirm that I/we are the owners of the house and property located at:

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and that no other person is an owner.

I/we hereby grant permission to City of Kingston, Housing Department to make any necessary inquiries to verify my/our income, assets, liabilities and credit information.

I/we hereby acknowledge that if my/our funding application is accepted I/we cannot claim the repairs costs for any Provincial tax rebate programs.

I/we hereby certify that all information contained in this application, including income, is true and complete in every respect.

I/we acknowledge that in the event that a false declaration is knowingly made, the City of Kingston shall have the right to cancel the approval and recover any paid-out funds.

All information submitted as part of the application will be treated as confidential. Disclosure will be as required for the administration of this Kingston-Frontenac Renovates Program and/or in accordance with release of information signed by the applicant(s) and/or in keeping with the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), the *Freedom of Information and Protection of Privacy Act* (FIPPA), as well as the *Personal Information Protection and Electronic Documents Act* (PIPEDA), and all other applicable privacy law.

I/We hereby release The City of Kingston and any employee, officer, agent or contractor from any liability or claim arising from the collection, storage, use or dissemination of any information received or collected.

I/We hereby consent to the release of information to an authorized representative of The Corporation of the City of Kingston for the purpose of determining initial and ongoing eligibility for the Kingston-Frontenac Renovates Program.

I/We hereby consent to an authorized representative of The Corporation of the City of Kingston **disclosing**, personal information about me, my spouse or partner, and any dependents included in my/our household for the purpose of determining initial and ongoing eligibility for the Kingston-Frontenac Renovates Program.

I/we have read the Kingston-Frontenac Renovates Program Guidelines and understand the program rules and eligibility requirements.

Primary Homeowner (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Homeowner (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Third Homeowner (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Checklist

The following list is documents required to **be attached** for each member of the household as required.

Document	Attached	Not Attached	Not Applicable
Homeowner (#1) – Copy of current Notice of Assessment (NOA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Homeowner (#2) – Copy of current NOA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Homeowner (#3) – Copy of current NOA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Copy of current Municipal Property Assessment Corporation (MPAC) statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Copy of mortgage document and proof that payment is current	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Copy of house insurance policy and proof that payment is current	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Copy of property tax statement and proof that payment is current	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Copy of Citizenship for all Homeowner(s) - See List of Acceptable Citizenship Documentation on page 6	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Copy of two (2) months bank statements from all bank accounts including investments and TFSA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

**NOTE:** If for some specific reason you are not able to provide one of the documents listed above **OR** if you have any questions about the application form and/or process, please contact the Housing Department at the address or phone number listed at the end of the document.

### List of Acceptable Citizenship Documentation

A photocopy of ONE of the following ACCEPTABLE Personal Identification Documents must be attached to your application for each member of your household over 18 years of age or older. Both sides of documentation are required.

Please provide the appropriate documentation as outlined below according to each household member's citizenship/residency status.

#### Canadian Citizens

- Canadian Birth Certificate
- Certificate of Indian Status
- Confirmation by Registrar General of Notice of Registration of Birth
- Hospital birth records
- Canadian Passport

#### Permanent Residents

- Permanent Resident Card
- Record of Landing
- Returning Resident Permit
- Canadian Travel Document The status must indicate "Landed"
- Canada Certificate of Identity

#### Refugee Claimants

- Letter of acknowledgement of the claim issued by Citizenship and Immigration Canada (CIC)

**Please submit completed application and all required documentation to:**

Housing and Social Services, 362 Montreal Street, Kingston, ON K7K 3H5

**Inquiries can be directed to:**

Phone: 613-546-2695 extension 4949/4836

Fax: 613-546-2623

Email: [housing@cityofkingston.ca](mailto:housing@cityofkingston.ca)