

ONTARIO PRIORITIES HOUSING INITIATIVE HOMEOWNERSHIP COMPONENT PURCHASER APPLICATION FORM

PURCHASER INFORMATION

Name of Home Purchaser	TELEPHONE NUMBER		
CURRENT ADDRESS – APT. No., STREET	Fax Number		
CITY OR TOWN	POSTAL CODE		
CHECK YES OR NO OR ANSWER THE FOLLOWING:			
	YES	No	
ARE YOU AT LEAST 18 YEARS OLD?			
ARE YOU A CANADIAN CITIZEN OR PERMANDENT RESIDENT OF CANADA?			
OF CANADA?			
DO YOU OR YOUR SPOUSE CURRENTLY OWN A HOME OR HAVE AN INTEREST IN A HOME?			
ARE YOU CURRENTLY A RENTER OR FIRST TIME HOME	<u> </u>		
BUYER?			
WHAT IS YOUR TOTAL HOUSEHOLD ANNUAL INCOME A HOUSEHOLD OF AN INDIVIDUTAL INCLUDES:	?		
(i) THE INDIVIDUAL,			
(ii) ANY PERSON WITH WHOM THE INDIVIDUAL IS LIVING IN A SPOUSAL RELATIONSHIP AND (iii) ANY PERSON OVER THE AGE OF SEVENTEEN EXPECTED TO BE RESIDING WITH THE INDIVIDUAL AT THE TIME OF			
FIRST OCCUPANCY OF THE HOME.		<u>-</u> <u>-</u>	
	RESIDING WITH THE INDIVIDUAL AT	THE TIME OF	

INFORMATION ABOUT TO HOME TO BE ACQUIRED					
LOCATION - ADDRESS, S	STREET,				
CITY OR TOWN			Postal Code		
				YES	No
NEW HOME NOT PREVIOUSLY OCCUPIED					
Non-Residential Con	VERSATION PROJE	CT NOT PREVIOUS	LY		
OCCUPIED					
RESALE HOME WHERE PU	JRCHASER HAS UN	DERTAKEN OR WILL			
UNDERTAKE A HOME INSPECTION AT HIS OR HER EXPENSE					
SCHEDULED CLOSING DATE					
BUILDING TYPE					
П		П			П
SEMI-DETACHED	□ Detached	☐ Townhouse	_	⊔ Triplex	CONDO
AFFORDABILITY					

WHAT IS THE SELLING PRICE OF THE HOME?

ACKNOWLEDGEMENT

I/WE HEREBY DECLARE AND CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I/WE UNDERSTAND THAT THIS IS						
AN APPLICATION FOR A FORGIVABLE LOAN UNDER THE ONTARIO PRIORITIES HOUSING INITIATIVE –						
HOMEOWNERSHIP COMPONENT, THE PURPOSE OF WHICH IS TO ALLOW THE SERVICE MANAGER TO DETERMINE IF						
THE PURCHASER AND THE HOME ARE ELIGIBLE. FINAL CONFIRMATION OF ELIGIBILITY WILL BE REQUIRED AFTER						
COMPLETION OF THE HOME INSPECTION, IF APPLICABLE, AND PRIOR TO ANY FORGIVABLE LOAN BEING MADE.						
PERSONAL INFORMATION CONTAINED IN THI	S FORM OR ANY ATTACHMENTS HERETO IS CO	DLLECTED BY THE SERVICE				
MANAGER FOR THE PURPOSE OF MFIPPA AND WILL BE USED TO DETERMINE ELIGIBILITY FOR HOMEOWNERSHIP						
FUNDING. THE APPLICANT ACKNOWLEDGES THAT THE INFORMATION IN THE APPLICATION FORM AND THE						
ATTACHMENTS TO IT MAY BECOME AVAILABLE TO THE PUBLIC AND CONSENTS TO THE RELEASE OF THAT						
INFORMATION. ANY QUESTIONS REGARDING THE COLLECTION OR RELEASE OF THIS INFORMATION SHOULD BE						
DIRECTED TO MELISSA CARRIERE, PROGRAM MANAGER.						
SIGNATURE	PRINT NAME	DATE				
SIGNATURE	PRINT NAME	DATE				

NOTE: ALL APPLICATIONS MUST BE SUPPORTED BY PHOTO IDENTIFICATION, NOTICE OF ASSESSMENT FOR ALL MEMBERS OF THE HOUSEHOLD AND EVIDENCE OF PURCHASE PRICE SATISFACTORY TO THE SERVICE MANAGER.

FOR SERVICE MANAGER USE ONLY				
THIS PROPOSAL IS ELIGIBLE FOR A CONDITIONAL COMMITMENT				
SIGNATURE	DATE			
THIS PROPOSAL IS NOT ELIGIBLE FOR A CONDITIONAL COMMITMENT				
SIGNATURE	DATE			