

APPLICATION FORM HOME ADAPTATIONS FOR SENIORS' INDEPENDENCE

Please complete and return this application and the Assessment document to your local Canada Mortgage and Housing Corporation (CMHC) office. The Assessment should be completed by the occupant for whom adaptations will be done. For further instructions, refer to the Applicant's Guide.

1. ABOUT THE APPLICANT (THE OWNER OF THE PROPERTY WHERE ADAPTATIONS WILL BE DONE)

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Protected when completed

Language of correspondence		<input type="checkbox"/> English	<input type="checkbox"/> Français
Your name	Last	First	
AREA CODE		AREA CODE	
Telephone number	Home	Work	
Street No.		Street Name / RR#	Apt. No.
Mailing address			
City/Municipality		Province	Postal Code

2. ABOUT THE PROPERTY WHERE THE ADAPTATIONS WILL BE DONE

Street No.		Street Name / RR#		Apt. No.
Mailing address				
City/Municipality		Province	Postal Code	Property ID
<input type="checkbox"/> owner occupied (07)		<input type="checkbox"/> tenant occupied (08)		<input type="checkbox"/> YES <input type="checkbox"/> NO Is the dwelling on an Indian Reserve
Have you previously received assistance for this property under this program or the Residential Rehabilitation Assistance Program?				Amount
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes specify	Date	YY MM DD \$

DO NOT WRITE IN THE AREA BELOW (CMHC USE)

Office Code		Planning Area		
CMHC Account No.				Other CMHC Account No.
Receipt Date	YY	MM	DD	Approval Date
				YY MM DD
Signature of Authorized Officer				Date

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Canada Mortgage and Housing Corporation is subject to the Privacy Act. Individuals have a right of access to CMHC-controlled information about themselves.

Disponible en français



**3. ABOUT THE SENIOR OCCUPANT FOR WHOM ADAPTATIONS ARE BEING DONE
(IN LEASED PROPERTY, THE OCCUPANT IS THE TENANT).**

Name Last _____ First _____	
Date of Birth _____ / _____ / _____ <small>Year Month Day</small>	
Considered to be of native origin (Native includes Métis, Inuit, Indian or Non-status Indian). <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many years has the occupant resided in the dwelling? _____ years	
Which of the following best describes the current living arrangements of the occupant household?	CMHC USE
<input type="checkbox"/> Living alone	(05)
<input type="checkbox"/> One of a couple	(07)
<input type="checkbox"/> Sharing with one or more unrelated seniors	(08)
<input type="checkbox"/> Living with family members	(02)
<input type="checkbox"/> Other (describe) _____	(99)
In total, how many persons live in this dwelling?	
What will be the total income this year for all the members of the household? (See the Guide) \$ _____	

4. ABOUT THE DIFFICULTIES ENCOUNTERED

Please indicate the category (or categories) where you or the occupant has difficulty.	CMHC USE
<input type="checkbox"/> Limited in ability to walk, move from room to room	(04)
<input type="checkbox"/> Limited in ability to bend, reach (for example, taking a bath), or in using fingers to grasp or handle small objects (for example, turning round door knobs)	(07)
<input type="checkbox"/> Limited in ability to carry things, or stand for long periods	(08)
<input type="checkbox"/> Limited in ability to see in conditions other than bright light even when wearing glasses	(01)
<input type="checkbox"/> Limited in ability to hear, (for example, the telephone or doorbell when in next room even when wearing a hearing aid)	(02)
<input type="checkbox"/> Other (for example, poor memory, anxiety for personal safety)	(06)
Describe: _____ _____	

DO NOT WRITE IN THE AREA BELOW (CMHC USE)

Income Threshold
\$

Did you (or the tenant if dwelling is rented) fill out the form and assessment?

Yes

(01)

Or did someone else help? If someone else helped, please check the box that most closely describes the helper.

Medical Professional

(02)

Social Worker

(03)

Volunteer

(04)

Family, friend or neighbour

(05)

Other

(99)

To helper: Could we have your name and a phone number in case we need to clarify any item?

Name

Telephone

TERMS AND CONDITIONS OF APPROVAL

I acknowledge that if assistance in the form of a forgivable loan is approved the following terms and conditions shall apply:

1. The entire forgivable loan shall be used to finance the home adaptations in the dwelling identified on Page 1 of this form.
2. Bids or cost estimates for the home adaptations must be sent to CMHC within 45 days of the date of issue of the letter of conditional approval.
3. Work must be completed and invoices received by CMHC before the date indicated in the letter of approval.
4. The loan will be forgiven provided that I continue to own and occupy my dwelling for a period of six months **or**, if dwelling where adaptations will be done is leased, I shall not increase the rents as a result of the adaptations.
5. In the event that the above terms and conditions are not met, or that a false declaration is knowingly made, CMHC shall have the right to cancel the approval or recover paid funds.

DECLARATION

I hereby confirm that to the best of my knowledge the information provided is complete and accurate.

I understand and agree that CMHC may carry out necessary inquiries for the purpose of confirming the information provided.

I hereby authorize an inspection, when required, to confirm the completion of work.

Signature of Applicant

Date