

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)

Page 1 of 3

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
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes specify				Date YY MM DD Amount \$
Have you previously received assistance for this property under this program or the Residential Rehabilitation Assistance Program?				

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

60490 01/05/06 CMH PPU 035

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



Did you (or the tenant if dwelling is rented) fill out the form and assessment?	<input type="checkbox"/>	Yes	(01)
Or did someone else help? If someone else helped, please check the box that most closely describes the helper.			
Medical Professional	<input type="checkbox"/>		(02)
Social Worker	<input type="checkbox"/>		(03)
Volunteer	<input type="checkbox"/>		(04)
Family, friend or neighbour	<input type="checkbox"/>		(05)
Other	<input type="checkbox"/>		(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