

# District of Sault Ste. Marie

## Social Services Administration Board

- Ontario Works
- Child Care
- Social Housing
- Land Ambulance

180 Brock St., Level 2 Sault Ste. Marie, ON P6A 3B7 TEL: 705-541-7356 FAX: 705-759-5212  
 CANADA-ONTARIO AFFORDABLE HOUSING PROGRAM

### PRE-SCREENING

(This is not an application form. The return of this form does not guarantee loan approval.)  
 Further to your indication of interest in our program, the following information is required. Please read the following information **carefully**. Complete every section as indicated.

What is the homeowner's name? \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Day Month Year

What is the spouse's (partner's) name? \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Day Month Year

Property Address \_\_\_\_\_  
 \_\_\_\_\_

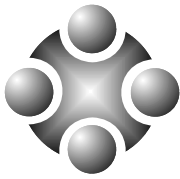
Mailing Address \_\_\_\_\_  
 (if different) \_\_\_\_\_

LOT \_\_\_\_\_ CONCESSION \_\_\_\_\_ TOWNSHIP OF \_\_\_\_\_

What is your telephone number? (\_\_\_\_\_) \_\_\_\_\_

#### WHAT IS THE CANADA-ONTARIO AFFORDABLE HOUSING PROGRAM?

The Canada-Ontario Affordable Housing Program offers financial help to low-income homeowners who need to make repairs to their homes. The program is aimed at people who live in substandard dwellings and cannot afford the repairs that are necessary **to make their home safer and healthier to live in**. In general, repairs required to bring a dwelling up to a minimum level of health and safety can be funded. To receive assistance, you **MUST** have at least one mandatory repair such as **foundation problems, roof problems or electrical problems**. It is important to keep in mind that this assistance is for basic mandatory repairs and **not repairs to modernize or improve the appearance of your home**.



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- |   | Yes   | No    |
|---|-------|-------|
| 1. Do you own and live in your home?  | _____ | _____ |
| 2. Is your house at least 5 years old?  | _____ | _____ |
| 3. Have you received Residential Rehabilitation Assistance Program (RRAP) funding within the last 15 years? | _____ | _____ |

**If you have answered NO to questions 1 or 2, YOU DO NOT QUALIFY FOR ASSISTANCE UNDER THIS PROGRAM. If you have answered YES to question 3, YOU DO NOT QUALIFY FOR ASSISTANCE. DO NOT PROCEED**

**If you have answered YES to questions 1 & 2, PROCEED. If you have answered NO to question 3, PROCEED.**

Is your home financed by Rural & Native Housing (RNH) Yes \_\_\_\_\_ No \_\_\_\_\_

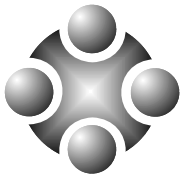
**To qualify your house must require major repairs to correct problems that threaten the health and/or safety of the occupants.**

1. Indicate what type of urgent repair you need:
- |                          |                               |                         |
|--------------------------|-------------------------------|-------------------------|
| Dry wall _____           | Faulty wiring _____           | Septic tank _____       |
| No heat _____            | Leaking roof _____            | Fire safety _____       |
| Cracked foundation _____ | Unsafe water _____            | Flooding basement _____ |
| Damaged plumbing _____   | Energy Conservation _____     |                         |
| Ramp for disabled _____  | Adaptation for disabled _____ |                         |

2. Have you received assistance before? YES\_\_\_\_ YEAR \_\_\_\_\_ NO\_\_\_\_

3. What is your annual gross total household income?

- Your income \_\_\_\_\_
- Spouse (partner) income \_\_\_\_\_
- Dependents income \_\_\_\_\_
- Spousal and/or Child support \_\_\_\_\_
- Total \_\_\_\_\_



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**The Income Threshold for the Canada-Ontario Affordable Housing Program Northern Component for the City of Sault Ste. Marie is \$58,300. If your annual gross total household income exceeds this amount, you do not qualify for assistance under this program.**

4. What is the approximate value of your home? \$ \_\_\_\_\_  
(How much do you think your house is worth?)
5. What language do you prefer for correspondence? French \_\_\_\_\_ English \_\_\_\_\_
6. Client type: Single \_\_\_\_\_ Family \_\_\_\_\_ Senior \_\_\_\_\_ (must be over 60)
7. Number of dependents: How many girls \_\_\_\_\_ Ages \_\_\_\_ \_ \_\_\_\_ \_  
How many boys \_\_\_\_\_ Ages \_\_\_\_ \_ \_\_\_\_ \_

I/We confirm that I am/we are the owner(s) of the house and no other person is an owner. I/We certify and declare that all the information contained in this questionnaire is true and complete.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please return this form to:

Housing Programs  
180 Brock Street  
Social Services Building II, Level II  
Sault Ste. Marie, Ontario, P6A 3B7