



SECONDARY SUITES- APPLICATION REQUIREMENTS

SECTION 1 – ELIGIBILITY REQUIREMENTS

- At least one member in your household must be 16 years or older. The application must be signed by all members of the household 16 years and older
- You must be a Canadian Citizen, Landed Immigrant, or have Refugee Claimant Status and have no deportation order under the Immigration Act (Canada) against any member of the household or no departure order or exclusion order under the Immigration Act (Canada) has become effective with respect to any member of the household
- Property taxes must be paid up-to-date
- Mortgage must be paid up-to-date. Total of all property mortgages and any other financing registered on title, plus the program funding, cannot exceed the market value of the home, as determined by the assessed value of your property shown on your Municipal Property Assessment Corporation (MPAC) Notice of Assessment. If you feel your property value is not accurately reflected by the Municipal Property Assessment Corporation (MPAC) assessment, you may commission, at your own expense, a Market Value Appraisal, completed by a designated member of the Appraisal Institute of Canada, to determine a reasonable estimated market value in lieu of the MPAC assessment.
- Insurance must be paid up-to-date. Property must be insured to its full value
- Property must be located in Simcoe County

SECTION 2 – COLLECTION OF INFORMATION

The following documentation must be supplied with your application (please see the Documentation Checklist on the back of this page for examples of approved documentation):

- Copy of Birth Certificate or Canadian status
- Photo identification for property owner(s)
- Proof of home insurance
- Proof that municipal taxes are paid up-to-date
- Proof of property value (MPAC Assessment or Market Value Appraisal)
- Proof that mortgage payments are paid up-to-date

See reverse for application checklist →

SECTION 3 – DOCUMENTATION CHECKLIST

✓	REQUIREMENT	ACCEPTABLE DOCUMENTATION
	Secondary Suites application	Please fill in all applicable spaces and sign the application on the last page.
	Municipal/City Verification of Zoning form or Building Permit	This form is included as an attachment to the application. You must contact your municipal planning department to confirm that your property is zoned for Secondary/Garden Suites OR attach a copy of your building permit.
	Photo Identification	For each property owner, attach a copy of one piece of photo identification (ie Driver's License, Passport, Health Card).
	Status in Canada	For each property owner, attach copies of Birth Certificate or Citizenship documentation (a copy of your passport can be used for both photo ID and citizenship documentation).
	Mortgage Information (if applicable)	Please submit a recent statement, letter or print-out from your bank/mortgage company showing the status of your mortgage.
	Proof Property taxes are paid up-to-date	Please contact your municipality/town for a letter or receipt showing your property taxes are currently paid in full.
	Proof of Property Insurance coverage	Attach a copy of your home insurance policy showing dwelling replacement coverage.
	Proof that Property Insurance is in force and paid up-to-date	Please contact your insurance company for a letter stating that your insurance coverage is in force AND that your policy is paid up-to-date.
	Proof of property value	Attach a copy of your Municipal Property Assessment Corporation (MPAC) Notice of Assessment. If you do not have your Assessment, contact 1-866-296-6722, or go to www.mpac.ca to request a copy OR a copy of a Market Value Appraisal.

IF ANY OF THE ABOVE NOTED DOCUMENTATION IS NOT PROVIDED,
YOUR APPLICATION WILL BE RETURNED

MUNICIPAL/CITY VERIFICATION OF ZONING

Applicants must provide verification that their property is zoned to allow the creation of a secondary suite. Please have you local municipal/city office verify same by signing below.

PROPERTY OWNER			
Last Name		First Name	
PROPERTY ADDRESS			
Number	Street	City/Town	Postal Code
Property Zoning	Does this property fall within the permitted Zoning area for the creation of a secondary suite? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is a septic permit required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Municipal Signature		Date	

Additional applicant questions:

Have you obtained a building permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, have you submitted an application to your local municipality to obtain a building permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what date was your building permit application submitted?	Date	

This Municipal/City Verification of Zoning form is not required to be filled out if you have a valid building permit; please include a copy of the building permit along with the application instead of this form.



Secondary Suites Program



APPLICATION FOR SECONDARY/GARDEN SUITES

Please drop off, mail or email your completed application to:

County of Simcoe
Social Housing Department
Attn: Secondary Suites Program
1110 Highway 26
Midhurst, ON L9X 1N6

For more information contact:
Phone: (705) 725-7215 Ext. 1119
E-mail: iah@simcoe.ca

Project Type: Creation of a legal Secondary Suite Garden Suite

Verification of Zoning form or Building Permit attached. **Priority will be given to applicants with Building Permits.**

Property Owner(s)

Last Name	First Name
Last Name	First Name
Phone#	E-mail Address
Does the owner reside at this address? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there any other owners? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own any other property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you plan to own additional properties during the term of this Program (15 yrs) Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly <input type="checkbox"/>

Property Address

Number	Street	Unit/Suite/P.O. Box
City/Town	Province	Postal Code
Owner's Mailing Address (If different than Property address)		
Number	Street	Unit/Suite/P.O. Box
City/Town	Province	Postal Code

Property Description

Single Detached Semi-Detached Townhouse/Row house Other _____

Age of House:	Current # of Bedrooms	Active Bankruptcy or Process of Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Value of your property based on your most recent Municipal Property Assessment Corporation (MPAC) Notice of Assessment \$ _____
Property Tax paid up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/>	Home Insurance payments up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mortgage payments up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (No mortgage)	

SECONDARY/GARDEN SUITE

How many bedrooms will be in the new unit: Bachelor 1 bedroom 2 bedroom

Total square feet of new unit:

Will there be modifications to make the unit accessible, ie ramp? Yes No

Describe:

MAXIMUM MARKET RENTS *As adjusted by the Ministry of Municipal Affairs and Housing on occasion.

The homeowner acknowledges and agrees that the maximum rent that can be charged for the secondary unit in 2018 is attached as Schedule 'A'. Yes

MAXIMUM TENANT INCOME *As adjusted by the Ministry of Municipal Affairs and Housing on occasion.

The homeowner acknowledges and agrees that the ingoing occupant(s) of the rental until will have a maximum gross household income below the amount as attached on Schedule 'A'. Yes

ABOUT COMPLETING THIS APPLICATION

Did anyone provide assistance filling out this application? Yes No

If yes, please check the box that describes the person who primarily provided assistance:

- Family, friend or neighbour Social Worker Volunteer Medical Professional
 Other (describe) _____

Do you authorize us to contact this person to discuss your application for Secondary Suites funding?
Yes No If yes, fill out contact information below.

Contact information for person who provided assistance (in case clarification is needed):

Name:

Telephone Number:

E-mail Address:

FUNDING FROM OTHER SOURCES

Was the property purchased with down payment assistance through any federal/provincial funded programs? (e.g. Affordable Housing Program, Ontario Aboriginal Housing Program, etc.) Yes No

Has this property received previous renovation funding? (e.g. Canada Mortgage and Housing Corporation Homeowner Residential Rehabilitation Assistance Program (RRAP), Ontario Renovates Program, etc.)
Yes No

If Yes, provide the following information:

Program Name:

Funding Amount:

Date Received:

\$

Will you be seeking funding from other sources for repairs/accessibility modifications? (e.g. grants, consumer rebates, etc.)

Yes No If Yes, please identify source:

HOMEOWNER RESPONSIBILITIES

As the homeowner, I/we acknowledge and agree that it is my/our responsibility to obtain all approvals/permits related to the creation of the secondary/garden suite, including Municipal Building Permits, Municipal Building Department approval of drawings, Electrical Safety Authority (ESA) permits and inspections, plumbing permits, and all other related approvals/permits. I/we also acknowledge and agree to comply with all relevant Fire Code requirements and provisions under the Construction Lien Act.

I/We agree to the following:

1. I/we have attached all required supporting documentation to my/our application.
2. When Conditional Approval is received, I/we will:
 - a. Obtain/prepare drawings for the secondary suite and obtain approval from the municipal Building Department;
 - b. Obtain quotes, including contractor WSIB Clearance Certificates. Proof of liability insurance coverage will be required for the contractor you select.
3. I/we agree to sign a Funding Agreement and any loan related documentation (Promissory Note, security or mortgage/charge), outlining the scope of work, funding amount, roles and responsibilities.
4. I/we agree to allow site visits by the County of Simcoe at any time during the work.
5. I/we agree to charge rent at or below the approved rates and to rent the unit to an eligible household only.
6. **I/WE KNOWLEDGE THAT ANY WORK STARTED OR COMPLETED PRIOR TO FINAL APPROVAL, WILL NOT BE ELIGIBLE FOR FUNDING.**

HOMEOWNER DECLARATION

I/we hereby confirm that I/we are the owners of the house and property located at the address indicated on this application and that no other person is an owner.

I/we hereby grant permission to the County of Simcoe to make any necessary inquiries to verify liabilities, credit information and homeownership, including conducting a title search on the property.

I/we hereby acknowledge that if my/our funding application is accepted it may not apply to any costs for fees/permits or work started or completed prior to final approval (Funding Agreement).

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

I/we hereby authorize the inspection of this property, as required, on the understanding that any inspections conducted by the County of Simcoe and/or its authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards.

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

I/we agree to adhere to all Program requirements, rules and timelines throughout the process and, if applicable, during the 15 year forgivable loan period.

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

I/we consent to the use, disclosure, transfer and exchange of information contained in this application, and associated documents and verifications, for the purpose of: verifying the validity and accuracy of the information provided; determining the eligibility of the household to receive Program funds; to provide information to the municipal, provincial or federal governments to satisfy Program reporting requests and requirements; to determine eligibility during the Program period, and may be used for other purposes allowed by law.

Personal information contained in this form or any attachments hereto is collected by the County of Simcoe for the purpose of determining initial and ongoing eligibility for the Secondary Suite Program funding in accordance with the Municipal Freedom of Information and Protection of Privacy Act.

Any questions regarding the collection or release of this information should be directed to:
The Clerk's Office, County of Simcoe, 1110 Hwy. 26, Midhurst, ON L9X 1N6.

I/we have read, understood and agree to the terms and conditions listed above.

Name: _____ Signature: _____ Date: _____
(Print)

Name: _____ Signature: _____ Date: _____
(Print)

SCHEDULE 'A'

MAXIMUM MARKET RENTS *As adjusted by the Ministry of Municipal Affairs and Housing on occasion.

The property owner acknowledges and agrees that the maximum rent for 2018 that can be charged for the secondary unit is as follows:

Maximum Market Rents – INCLUDING UTILITIES			
SECONDARY SUITE LOCATION	BACHELOR UNIT	1 BEDROOM	2 BEDROOM
Barrie/Innisfil/Springwater/Essa	\$766	\$1,035	\$1,205
Collingwood/Wasaga Beach/Clearview	\$721	\$898	\$1063
Midland/Penetanguishene/Tay/Tiny	\$555	\$779	\$928
Orillia/Oro-Medonte/Ramara/Severn	\$706	\$863	\$1,009
Bradford West Gwillimbury/New Tecumseth/ Adjala-Tosorontio	\$876	\$938	\$1,127

MAXIMUM TENANT INCOME *As adjusted by the Ministry of Municipal Affairs and Housing on occasion.

The property owner acknowledges and agrees that the ingoing tenant(s) of the rental until will have a household income lower than the amounts indicated below:

Maximum Gross Household Income of Ingoing Tenant(s)			
SECONDARY SUITE LOCATION	BACHELOR APT.	1 BEDROOM APT.	2 BEDROOM APT.
City of Barrie	\$27,000	\$34,000	\$41,500
Town of Bradford West Gwillimbury/Town of New Tecumseth	\$39,000	\$45,000	\$52,500
Remainder of County/City of Orillia	\$24,500	\$31,000	\$38,000