

# RESIDENTIAL REHABILITATION ASSISTANCE PROGRAM (RRAP)

## Application Form (On-Reserve) - **Occupant-Owned**

Page 1 of 4

### FOR CMHC USE ONLY

Protected when completed

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Regular                         | <input type="checkbox"/> Persons with disabilities | CMHC Account Number   | Related CMHC Account Number  |
| Loan Forgiveness Zone                                    |  | O.R. Area Code  | Remote<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Verification of Previous Renovation Assistance Completed | Reviewer's Initials _____                          | Verification of Assistance under Sections 26, 27, 61 and 95 Completed | Reviewer's Initials _____  |

### 1. THE OWNER-OCCUPANT

|   |  |  |  |
|---|--|--|--|
| Language of correspondence?<br><input type="checkbox"/> English <input type="checkbox"/> French | Proof of Ownership                           | Certificate of Possession<br>Other (Specify) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Nation/Reserve Name   |  |  |  |
| Name of Applicant   | First Name                                   | Last Name  |  |
| Name of Co-applicant  | First Name                                   | Last Name  |  |
| Client Type   | <input type="checkbox"/> Senior Citizen (01) | <input type="checkbox"/> Family(02)                | <input type="checkbox"/> Single (06)   |

### Mailing address

|                       |  |             |
|-----------------------|--|-------------|
| Street No.            | Street Name/RR# (Include Lot, Concession, Township, if applicable) | Apt.        |
| City/Municipality     | Province/Territory   | Postal Code |
| Work Telephone Number | Fax Number   |             |
| Email                 |  |             |

### 2. THE PROPERTY WHERE THE WORK WILL BE DONE

|  |  |                           |
|--|--|---------------------------|
| Property address (if different from above)   | Property ID  |                           |
| Street No.   | Street Name/RR# (Include Lot, Concession, Township, if applicable)   | Apt.                      |
| City/Municipality  | Province/Territory   | Postal Code               |
| Since you have been the owner, has this house previously received RRAP assistance? <input type="checkbox"/> Yes* <input type="checkbox"/> No |  |                           |
| * If yes, specify  |  |                           |
| Date   | Amount Received  | Account no., if available |
| What is the age of the house?<br>_____ Years   | Check the type of house you live in  |                           |
|  | <input type="checkbox"/> Single (001) <input type="checkbox"/> Semi-detached (002) <input type="checkbox"/> Duplex (003) <input type="checkbox"/> Row (004)<br><input type="checkbox"/> Mobile Home (006)    Serial no. _____ <input type="checkbox"/> Other (009) Describe: _____ |                           |

## ADJUSTED INCOME WORKSHEET

Total income is the gross current year's income (before deductions) of principal occupant and spouse/partner.

**NOTE:** For households with disabled members, the applicable Canada Revenue Agency (CRA) tax credit for persons with disabilities may be deducted from the gross income where an application is being made under the RRAP for Persons with Disabilities program.

Complete the chart below to determine TOTAL INCOME.

| Source of Income   | Principal Occupant<br>(A) | Spouse / Partner<br>(B) |
|--|---------------------------|-------------------------|
| Yearly gross salary, wages, commissions, part-time earnings.   |                           |                         |
| Canada Pension Plan, Old Age Pension, Guaranteed Income Supplement, private pensions, annuities, provincial supplements, Veterans' Allowance, disability pensions. |                           |                         |
| Employment Insurance income.   |                           |                         |
| Social Assistance, Mother's Allowance, Welfare, Worker's Compensation.   |                           |                         |
| Bank interest, investment and dividend income.   |                           |                         |
| Child Tax Benefit (Provincial/Territorial/Federal/Supplementary).  |                           |                         |
| Alimony or child support income.   |                           |                         |
| Self-employed or seasonally employed earning (include proof of income for past three years).   |                           |                         |
| Other income: e.g. net room and board from boarders (please specify).<br>_____   |                           |                         |
| <b>Total income from all sources</b>   |                           |                         |

Total income (A+B) = \$  (C)

**ADJUSTED INCOME WORKSHEET (cont'd)**

Complete this portion to determine the ADJUSTED INCOME which will be used to determine eligibility.

| Deduct from Total Income  | \$ |         |     |
|---|----|---------|-----|
| 1. Work Related Earnings of Working Spouse/Partner up to \$1,000                      |    |         |     |
| 2. Income of Single Parent from any source other than Social Assistance payments      |    |         |     |
| 3. No. of dependents _____ x \$300.00 for each  |    |         |     |
| Total Eligible Deductions   |    |         | (D) |
| <b>Adjusted Income</b>  |    | (C - D) | (E) |
| Forgiveness Income Limit (FIL)<br>(To be provided by CMHC or the RRAP Delivery Agent) | =  |         |     |

**NOTE:** Dependent as per Canada Revenue Agency (CRA) requirements, i.e. eligible for dependent deduction.

**4. TYPES OF REPAIRS (MODIFICATIONS) REQUIRED**

**Regular RRAP**

Briefly describe the type of urgent repairs that are required.

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|  |

**RRAP for Persons with Disabilities**

| If a member of the household has a disability, describe the disability and special modifications required. | Type of Disability                            | Number of Occupant(s)  |  |  |
|--|---|--|--|--|
|  | <input type="checkbox"/> Visual (01)          | <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr></table> |  |  |
|  |   |  |  |  |
|  | <input type="checkbox"/> Hearing (02)         | <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr></table> |  |  |
|  |   |  |  |  |
|  | <input type="checkbox"/> Cognition (03)       | <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr></table> |  |  |
|  |   |  |  |  |
|  | <input type="checkbox"/> Mobility (04)        | <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr></table> |  |  |
|  |   |  |  |  |
|  | <input type="checkbox"/> Allergy Related (05) | <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr></table> |  |  |
|  |   |  |  |  |
|  | <input type="checkbox"/> Other (06)           | <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr></table> |  |  |
|  |   |  |  |  |

**DECLARATION**

I/We confirm that I am/we are the owner(s) of this house and no other person is an owner.

I/We hereby grant permission to the RRAP delivery agent to carry out any necessary inquiries for the purpose of determining my/our income.

I/We hereby authorize an inspection of this property as required, on the understanding that any inspections conducted by CMHC 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 acknowledge that any work carried out before I/we receive written confirmation of RRAP loan approval is NOT eligible.

I/We hereby certify and declare that all the information contained in this application, including income, is true and complete in every respect.

|                                     |                           |      |
|-------------------------------------|---------------------------|------|
| Name of Applicant (please print)    | Signature of Applicant    | Date |
| Name of Co-applicant (please print) | Signature of Co-applicant | Date |

**BEFORE MAILING, HAVE YOU INCLUDED**

- If the house is a mobile home, the serial or registration number.
- Proof of income of principal occupant and spouse/partner.
- Have you signed the Declaration?