

RESIDENTIAL REHABILITATION ASSISTANCE PROGRAM (RRAP)

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

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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 <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? <input type="checkbox"/> English <input type="checkbox"/> French	Proof of Ownership	Certificate of Possession Other (Specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <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? _____ 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) <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 (A)	Spouse / Partner (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). _____		
Total income from all sources		

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)
Adjusted Income		(C - D)	(E)
Forgiveness Income Limit (FIL) (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.

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?