

# APPLICATION - RRAP FOR HOMEOWNERS

**For CMHC use only**

Protected when completed

<input type="checkbox"/> Homeowner	<input type="checkbox"/> Persons with disabilities	Related Account No.	Account No.
Loan Forgiveness Zone	Market Area Code	Remote <input type="checkbox"/> Yes <input type="checkbox"/> No	

**1. TELL US ABOUT YOURSELF**

What language do you prefer for correspondence?  English  French

Client Type: 01 - Senior Citizen 02 - Family 06 - Single | |

Do you consider yourself to be of Native origin? (Métis, Inuit, Status Indian or Non-status Indian)  Yes  No

What is your name? Last \_\_\_\_\_ First \_\_\_\_\_

What is your spouse's or partner's name? Last \_\_\_\_\_ First \_\_\_\_\_

**What is the address of the property where the work will be done?**

Street no. Street name or legal description (Include Lot, Concession, Township, if applicable)

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City/Municipality Province Postal Code

**What is the mailing address? (if different from above)**

Street no. Street name / RR# Apt. no.

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City/Municipality Province Postal Code Property ID

**What is your telephone number?**

Area Code	Area Code
Home: _____	Work: _____

**2. TELL US ABOUT YOUR HOUSE**

<p>What is the age of your house? <input style="width: 50px;" type="text"/> years</p> <p>What is the approximate value of your house? \$ _____</p> <p>Has your house received RRAP or Emergency Repair Program (ERP) assistance before? <input type="checkbox"/> Yes * <input type="checkbox"/> No</p> <p>*If yes, please specify</p> <p style="margin-left: 100px;">Date _____</p> <p style="margin-left: 100px;">Amount received \$ _____</p> <p style="margin-left: 100px;">Account no. if available _____</p>	<p>Check ( <input checked="" type="checkbox"/> ) the type of house you live in</p> <p>001 <input type="checkbox"/> Single</p> <p>002 <input type="checkbox"/> Semi-detached</p> <p>003 <input type="checkbox"/> Duplex</p> <p>004 <input type="checkbox"/> Row</p> <p>006 <input type="checkbox"/> Mobile Home</p> <p style="margin-left: 100px;">Serial no. _____</p> <p>009 <input type="checkbox"/> Other</p>
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**3. WHAT ARE YOUR ANNUAL EXPENSES?**

SHELTER COSTS	ANNUAL PAYMENT	BALANCE OWING
Mortgages		
Property Tax		
Other shelter costs: Heat		
Electricity		
Water and sewerage		
Maintenance and repairs		
Home Insurance		
Condominium fees/ Mobile home lot rent		
<b>TOTAL SHELTER COSTS</b>		(A)

Other loans or debts (please specify) (e.g. bank loans, car loans, credit cards)	ANNUAL PAYMENT	BALANCE OWING
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<b>TOTAL OTHER LOANS OR DEBTS</b>		(B)
<b>TOTAL EXPENSES (A) + (B)</b>		(C)

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

Homeowner RRAP

Briefly describe the type of urgent repairs that are required

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RRAP for Persons with Disabilities

If you have or a member of your household has a disability, describe the disability and special modifications you require.	<b>CMHC USE ONLY</b>				
	TYPE OF DISABILITY	Disability    Occupant(s)			
	01 Visual	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
	02 Hearing	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
03 Cognition	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
04 Mobility	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
05 Allergy related	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
06 Other	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				

**DECLARATION**

I/We hereby confirm that I am/we are the owner(s) of the 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 my/our property.

I/We acknowledge that any work carried out before I/we receive written confirmation of RRAP loan approval is NOT eligible.

I/We acknowledge that CMHC or RRAP delivery agent inspections completed under RRAP are not a guarantee that construction or renovation complies within building codes or standards.

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

Signature	Date
Signature	Date

Have you included the following information?

- If the house is a mobile home, the serial or registration number
- Proof of income for all household members (See the RRAP Applicant's Guide)
- If the land is leased, proof of leasehold interest

Have you signed the Declaration?

**FOR FURTHER INSTRUCTIONS PLEASE REFER TO YOUR RRAP APPLICANT'S GUIDE**

# HOUSEHOLD INCOME WORKSHEET

## (Worksheet A)

To determine eligibility for RRAP assistance

### WHAT IS YOUR TOTAL HOUSEHOLD INCOME?

Total household income is the gross current year's income (before deductions) of all household members.

**Note:** For households with disabled members, the applicable Canada Customs and Revenue Agency (CCRA) 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 find out what your TOTAL HOUSEHOLD INCOME is.

SOURCE OF INCOME	HOMEOWNER  (A)	SPOUSE/ PARTNER  (B)	CHILDREN/ DEPENDENTS  (C)	OTHER HOUSEHOLD MEMBERS  (D)
1. Yearly gross salary, wages, commissions, part-time earnings, etc. -----				
2. Child Tax Benefit -----				
3. Employment Insurance Benefits -----				
4. Social Assistance, Mother's Allowance, Welfare, Workers' Compensation -----				
5. Old Age Pension, Canada Pension, private pension, annuities, provincial supplement, veteran's allowance, disability pension -----				
6. Bank interest, investment and dividend income -----				
7. Alimony or child support payments -----				
8. Self-employed or seasonally employed earnings (use net income and add on capital cost allowance and depreciation) -----				
9. Other income: e.g. net room and board from boarders (Please specify) -----				
<b>TOTAL INCOME ALL SOURCES</b>				

Add: Columns (A) + (B) + (C) + (D)

TOTAL HOUSEHOLD INCOME =

Income Threshold

=

**NOTE: If your total household income is above the Income Threshold you do not qualify for RRAP assistance.**

## INCOME THRESHOLD WORKSHEET (Worksheet B)

**THIS PART IS VERY IMPORTANT BECAUSE IT WILL BE USED TO TELL YOU THE MAXIMUM HOUSEHOLD INCOME YOU CAN HAVE TO BE ELIGIBLE FOR HOMEOWNER RRAP.**

Total number of people living in your home \_\_\_\_\_

**In the appropriate boxes below, please list the names of all the people who live in your house permanently. DO NOT INCLUDE BOARDERS AND DO NOT LIST ANYONE MORE THAN ONCE.**

**STEP 1: List the name of any couples.** (Include yourself only if you are married or live with a partner.)

#	Couple's First Names	Points
1.	and	1
2.	and	1
<b>TOTAL A</b>		

Draw a circle around the points at the end of each line you used to list a couple.

**STEP 2: List the names of any people 18 years of age or older** who are not married and do not live with a partner and any single parents regardless of their age. (Include yourself if you are single, divorced, separated or widowed and do not live with a partner.)

#	Names	Points
1.		1
2.		1
3.		1
4.		1
<b>TOTAL B</b>		

Circle the points at the end of each line you have used to list a person 18 years of age or older or a single parent.

(Continue on reverse)

STEP 3: List the names and ages of any **BOYS AND GIRLS** who are **younger** than 18 years of age and who are **NOT** single parents.

#	Names	Age	Points
Boys			1
Boys			
Boys			1
Boys			
Girls			1
Girls			
Girls			1
Girls			
<b>TOTAL C</b>			

STEP 4: Deduct 1 point if you have 2 children of age 5 and under

**TOTAL D**

Total (A) + (B) + (C) - (D)

**TOTAL POINTS**

**INCOME THRESHOLDS ARE**

No. of Points	1	2	3	4 or more
	\$	\$	\$	\$

**INCOME THRESHOLD**

\$