



DEVELOPMENT SERVICES AND ENGINEERING DEPARTMENT
APPLICATION FOR FINANCIAL ASSISTANCE FOR
AFFORDABLE HOUSING

ELIGIBILITY CRITERIA:

The following must be met in order to be eligible for financial assistance from the City of Orillia for affordable housing:

- Project must be located in the City of Orillia.
- Project must be developed and managed by government or not-for-profit organization.
- Must provide affordable housing for a minimum of 20 years.
- For rental housing, the affordable housing project must also be approved to receive funds from Canada Mortgage & Housing Corporation (CMHC) and/or the County of Simcoe by way of Federal and/or Provincial and/or County funding.
- For rental housing, the affordable housing project must offer all units at rents which will not exceed 80% of the Average Market Rent for a unit in Orillia based on CMHC's latest Rental Market Report.
- For homeownership, the purchase price of the affordable housing project will result in annual accommodation costs of no more than 30% of the gross household income of the occupants and the occupants gross annual household income will not exceed the City's Median Household Income (as determined by the County of Simcoe).
- The affordable housing project proponent / financial assistance applicant shall not be involved in litigation or other legal actions against the City of Orillia.
- The affordable housing project shall be situated on lands that are pre-zoned to permit the use(s) contained in the proposed development.

FINANCIAL ASSISTANCE REQUESTED

Donation of Land: Municipal Address of Property Requested _____

Grant for Purchase Price of Land in the amount of \$ _____

Reduced Securities

Grant for Planning, Building, Engineering Review Fees

FOR OFFICE USE ONLY

DATE RECEIVED: _____ ROLL NUMBER: _____

DATE APPLICATION DEEMED COMPLETE: _____ INITIAL: _____

COMPLETENESS OF THE APPLICATION:

The City of Orillia will not accept incomplete applications. If the required information is not provided, the City will return the application or refuse to consider the application until the required information has been received.

COMPLETE APPLICATION CHECKLIST:

Concept Renderings and Site Plan for the affordable housing project

Articles of Incorporation (not-for-profit organizations only)

List of Board of Directors (not-for-profit organizations only)

Financial Statements from previous year (not-for-profit organizations only)

Affidavit, prepared and notarized by a Solicitor, signed by the signing officers of the organization setting out the following:

- For rental housing, attesting that all of the affordable units will offer rents which will not exceed 80% of the Average Market Rent for Orillia as set out in the latest Rental Market Report prepared by the Canada Mortgage and Housing Corporation (CMHC) for a period of time not less than 20 years.
- For homeownership, attesting that the purchase price will not result in the annual accommodations costs (comprised of the mortgage and taxes) exceeding 30% of the gross annual household income of the occupants and the occupants' gross annual household income will not exceed the most current Median Household Income for Orillia (as determined by the County of Simcoe) and attesting that the project will remain affordable for a minimum of 20 years.

Evidence that the affordable housing project will also be receiving funding support from the Canada Mortgage & Housing Corporation (CMHC) and/or the County of Simcoe by way of Federal and/or Provincial and/or County funding including details on the amount of funding support received from each organization (for rental housing only).

Signed Agreement of Purchase and Sale (for grants for purchase of land only)

Please forward application to:

**City of Orillia, Planning and Housing Division of the
Development Services & Engineering Department
Orillia City Centre
50 Andrew Street South
Orillia, ON L3V 7T5
planning@orillia.ca**

1. ORGANIZATION INFORMATION

Organization Name: _____

Contact Person: _____

Address: _____ Postal Code: _____

Telephone Number: _____

Email Address: _____

Please Indicate Type of Organization:

Government

Not-for-Profit

2. PROPERTY INFORMATION

2.1 Municipal Street Address of proposed Affordable Housing Project:

2.2 List Municipal Addresses of other Affordable Housing Projects owned/managed by the Applicant within the City of Orillia:

3. PROJECT DESCRIPTION

3.1 Provide an overview of the proposed affordable housing project (including the total number of units and built form) and describe how proposed project meets the eligibility criteria listed on the first page of the application:

3.2 Please indicate Tenure of Proposed Affordable Housing Project:

Rental

Homeownership

3.3 How many years will the housing be affordable?

3.4 For affordable rental, specify the number of affordable units and proposed rents by type of unit:

Type of Unit	Number of Units	Initial Rent	Annual Inflation for first 5 years
Bachelor			
One Bedroom			
Two Bedroom			
Three Bedroom			
Total Number of Units			

3.5 How many of the units will be designed to be accessible with a mobility device, e.g. wheelchair?

4. CONSENT AND AUTHORIZATION:

APPLICANT'S CONSENT (FREEDOM OF INFORMATION)

In submitting this application for financial assistance for affordable housing, I _____, the authorized official, hereby acknowledge and provide my consent in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act* that the information on this application and any supporting documentation provided by myself, my agents, consultants and solicitors will be part of the public record and will also be available to the general public.

AUTHORIZATION - SIGNATURE OF AUTHORIZED OFFICIAL(S)

This must be completed by the signing officers of the organization.

I have read and agree to the requirements outlined in Policy 4.2.1.4 of the City's Policy Manual – Guidelines for Affordable Housing Incentives, particularly with respect to the Provisions for Defaults.

Name: _____ Position: _____

Signature: _____ Date: _____
I have authority to bind the corporation.

Name: _____ Position: _____

Signature: _____ Date: _____
I have authority to bind the corporation.