

**Chalmers Community Renewal Initiative (CCRI) and
Chalmers Neighbourhood Renewal Corporation (CNRC)
2020-2024 Home Buyer Assistance Application**

The purpose of the Home Buyer Assistance program is to provide more affordable housing for lower-income renting families with 1 or more dependents. This program provides help with a down payment and closing costs totaling \$27,500 toward the purchase of a home under \$275,000. The property purchased must be located in the Chalmers Area (see map on page 6) and owners must stay living in the home for at least 5 years.

Send or drop off completed application with all requested documents to:

Chalmers Home Buyer Assistance
180 Poplar Avenue, Winnipeg, MB R2L 2C3

OR

Email housing@chalmersrenewal.org
Questions? Call or text 204-333-9867

Application must include:

This application form with all sides fully completed

A copy of Notices of Assessment (NOA) from Canada Revenue
for each family member 18 and over for **2022 and 2023.**

Bank statements for 3 months showing Canada Child Benefit amounts

Two character reference letters (from teacher, co-worker, clergy, landlord or community worker)

Letters of Employment **and** Pay Stubs for 2 weeks for each employed family member

Copy of Driver's License **or** Passport for applicant and co-applicant only

A. Contact Information

Name of Applicant: _____ Email: _____

Social Insurance Number (SIN) _____

Co-applicant _____ Email: _____

Social Insurance Number (SIN) _____

Home Address: _____ Postal Code: _____

Phone Number: _____ Alternate Phone Number: _____

Permanent Resident Card Number (if you have one) _____

What is your first language? _____

If approved, I would like to volunteer some time on the Chalmers Housing Advisory Group: ____ hours per year

B. Dependents (children under the age of 18 **and others who will live with you):**

Name _____ Age _____ Relationship to you _____

Name _____ Age _____ Relationship to you _____

Name _____ Age _____ Relationship to you _____

Name _____ Age _____ Relationship to you _____

Name _____ Age _____ Relationship to you _____

Name _____ Age _____ Relationship to you _____

C. Optional: Do you identify as any of the following? Check all that apply to you.

Indigenous

Family member(s) with physical or mental disabilities

D. Renting History

Now renting
Current landlord's name _____ Telephone _____

Number of years renting in total _____

Previous address _____ Years rented from _____ to _____

Previous address _____ Years rented from _____ to _____

The last year in which I owned my own home:

E. Employment History

Does someone in your household receive wages from employment and/or self-employment? **YES NO**

Name and Current Occupation	Name of Employer, Address, Telephone	Start Date	Average Hours / Week	Monthly Gross Pay

If you have worked at your current job for less than 2 years, please complete the following:

Name and Past Occupation	Names of your last Employers, Address, Telephone	Years employed	Monthly Gross Pay

F. Your Story: Please describe why your family should be considered for Home Buyer Assistance.

What is your current living situation?

○ How will your and your children's situation improve by owning your home?

G. Closing Costs:

The amount available in this Program for closing cost fees is about \$3,000. Closing cost fees such as legal fees, the land transfer tax, property tax adjustment, title insurance and fire insurance could total as much as \$5,000 more. This remaining amount would be your responsibility to cover.

How will you cover such fees?

<input type="radio"/> Savings \$ _____	<input type="radio"/> Help from family and / or friends \$ _____	<input type="radio"/> Borrow from bank \$ _____	<input type="radio"/> Other _____ \$ _____
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H. Basic Monthly Budget

Monthly Expenses	Monthly Income
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for your Household		including all employed family members	
Food	\$_____	Total take-home pay	\$_____
Rent	\$_____	Workers Compensation	\$_____
Utilities (gas, water, hydro)	\$_____	Employment & Income Assistance (EIA)	\$_____
Vehicle / Transportation	\$_____	Employment Insurance	\$_____
Telephone	\$_____	CPP Disability	\$_____
Maintenance / child support payment	\$_____	Private Disability Insurance	\$_____
Student Loan payment	\$_____	CPP and /or GIS	\$_____
Other expenses_____	\$_____	Child support	\$_____
Other expenses_____	\$_____	Canada Child Benefit	\$_____
Other expenses_____	\$_____	Income for Foster Children	\$_____
Total Expenses per month	\$_____	Rent Assist	\$_____
		Re-settlement Assistance	\$_____
		Money from Friends or Family	\$_____
		Pension or Retirement Income	\$_____
		Training Allowance	\$_____
		GST / CAI Credits	\$_____
		Other Income_____	\$_____
		Total Income per month	\$_____

I. Current Assets and Debt:

<ul style="list-style-type: none"> Do you have any bank or credit union savings accounts (not including RRSPs or RESPs)? 	Yes No	Amount in accounts:	\$
<ul style="list-style-type: none"> Do you own any property? 	Yes	Value of property:	\$
	No	Outstanding loan(s):	\$
<ul style="list-style-type: none"> Do you own a vehicle? 	Yes	Value of vehicle(s):	\$
	No	Outstanding vehicle loan(s):	\$
<ul style="list-style-type: none"> Do you own a business? 	Yes	Value of business:	\$
	No	Outstanding loan(s):	\$
<ul style="list-style-type: none"> Do you have other assets? (RRSPs, stocks, GICs, other) 	Yes	Value of assets:	\$
	No	Type of assets:	
<ul style="list-style-type: none"> Do you owe money to friends or family? 	Yes	Amount you owe:	\$
	No	Are you making payments?	Yes No
<ul style="list-style-type: none"> Do you have any bills that have gone to collection? 	Yes	Amount past due:	\$
	No	Are you making payments?	Yes No
<ul style="list-style-type: none"> Do you have outstanding student loans? 	Yes	Amount outstanding:	\$
	No	Are you currently making payments?	Yes No
<ul style="list-style-type: none"> Do you have other debts? 	Yes	Amount of debt:	\$
	No	Are you currently making payments?	Yes No
<ul style="list-style-type: none"> Have you ever filed for bankruptcy? 	Yes No	How long ago?	Year _____
<ul style="list-style-type: none"> Do you use the services of payday lenders? 	Yes No	How often?	____ weekly ____ monthly

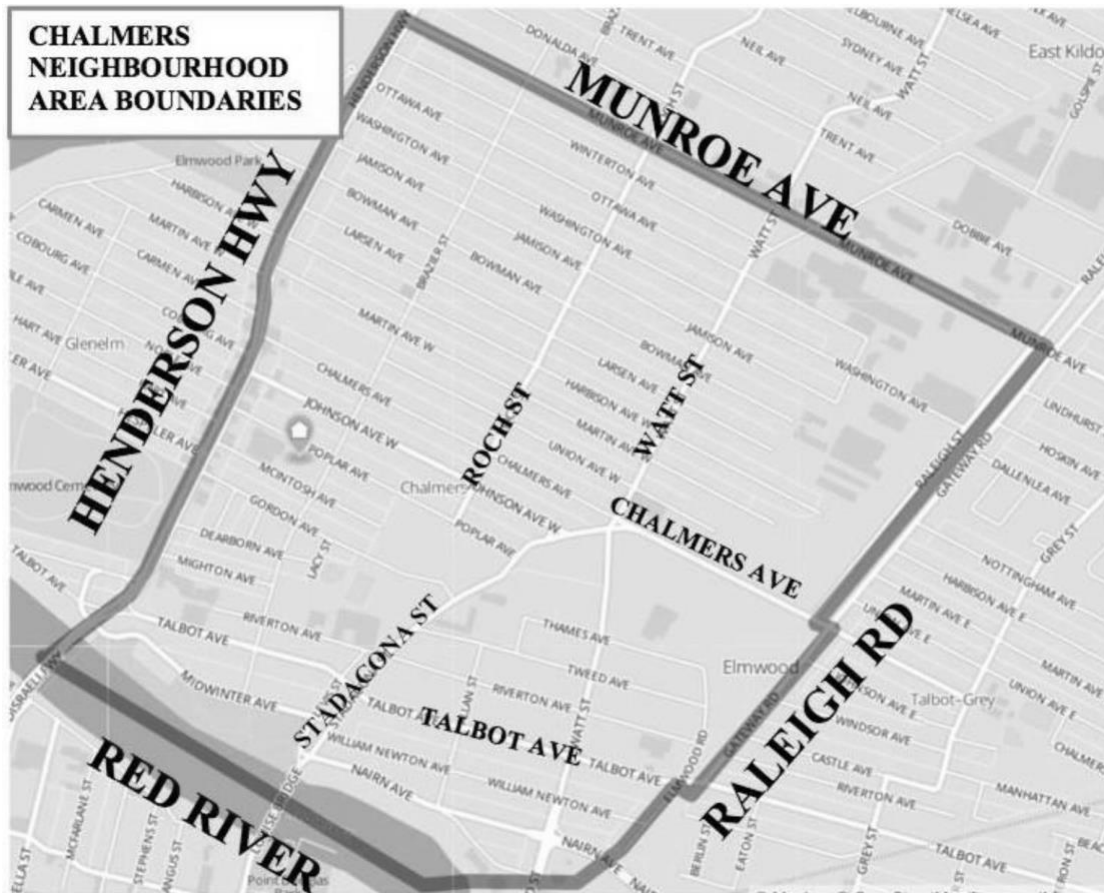
J. I agree and understand that:

1. My application will get priority if I rent in the Chalmers Area and my family's housing

situation would be greatly improved with home ownership. I will ask the Action Plan Coordinator if I have any questions.

2. The Home Buyer Assistance Project Team with Assiniboine Credit Union will decide who gets the forgivable loan. If my application is approved, I will get a letter stating that it is okay to go ahead and find and purchase a home.

3. If approved, the home must be purchased in the Chalmers Area neighborhood (Henderson Highway to the west, Munroe Avenue to the north, Raleigh Road to the east and as you enter the south boundary of the neighbourhood from Watt near the Nairn Avenue overpass or from the Disraeli or the Louise bridges).



4. Homes must have a purchase price of no more than \$275,000 to qualify for this Program.

5. I must be willing to get a credit check and be pre-approved for a mortgage as shown by a letter from Assiniboine Credit Union (ACU). Your completed application form will be shared with an ACU mortgage specialist and will serve to request the pre-approval letter.

6. I must attend all 4 Home Readiness information sessions.

- **Renting versus Owning a Home**
 - **Cost of Home Ownership**
 - **Finding the Right Home**
- **Professional Help for Homebuying**

7. If approved, I will be required to attend one-on-one meetings with professional supports including Assiniboine Credit Union, Realtor, Lawyer, and Home Insurance agent as needed.

8. These one-on-one meetings will include support with finding the right house, buying the house, closing the sale, and setting up a mortgage payment timeline with Assiniboine Credit Union.

9. Our income tax returns, monthly budget, and current assets and debt information will help to show our financial need and eligibility for this Program.

10. If I already own a home or am participating in another home ownership program, I will not be eligible for this program.

11. In the event that the home is sold, rented, transferred or is no longer occupied by me during the minimum 5-year forgiveness period, the loan must be repaid to Manitoba Housing in pro-rated amounts.

12. I have completed this form and included Notices of Assessment from Canada Revenue, two reference letters, bank statements showing Canada Child Benefits, Letters of Employment and paystubs for each employed family member and a photo of my ID.

13. My application will be safely stored to keep my information private.

14. I declare that the information given in this application is true.

My signature: X_____ **Date:**_____ **20**__

Co-applicant signature: X_____ **Date:**_____ **20**__



**CHALMERS NEIGHBOURHOOD RENEWAL CORPORATION &
CHALMERS COMMUNITY RENEWAL INITIATIVE
180 Poplar Ave, Winnipeg MB, R2L 2C3**

Authorization and Consent to Release Personal Information

To: Assiniboine Credit Union Limited

And: To Whom It May Concern

1. I/We have applied to your financial institution for the Mortgage to enable us to purchase the Property.
2. I/We have also applied to Chalmers Neighbourhood Renewal Corporation for funding to assist us in qualifying for the Mortgage.
3. You are authorized and directed to provide to Chalmers Neighbourhood Renewal Corporation any information that they may request with respect to the Mortgage including our application for the Mortgage, our accounts with your financial institution relating to the Mortgage, any personal information which we have provided to you as well as the status of any or all our obligations under the Mortgage.
4. This Authorization and Consent is intended to be broad and full, enabling you to release any and all information that you have about us to Chalmers Neighbourhood Corporation immediately upon their request and this includes providing them with copies of documents and correspondence.
5. In the event that there should be any default on our part with the respect to the payment of principal, interest, taxes, insurance or any other matter concerning the Mortgage, and you consider it necessary to contact us to discuss the default, or make a demand upon us, you are hereby irrevocably directed to immediately inform Chalmers Neighbourhood Renewal Corporation of such matters and to provide to them a copy of any correspondence or demand that you make upon us.

6. If Chalmers Neighbourhood Renewal Corporation assisted us in paying any portion of our mortgage, we waive any right or privilege we may have to skip any payments, even though your mortgage may allow us to skip up to two payments during the term of the mortgage.
7. This Authorization and Consent is irrevocable as long as the Mortgage continues.

I/We hereby consent to the conduct of a personal review by or for Assiniboine Credit Union (ACU).

The review may include the use of my/our Social Insurance Number(s), enquiries from any credit bureau, as well as any current or former financial institution, lender, landlord or employer. This is to allow ACU and other financial institutions to assess my/our creditworthiness now and in the future. The information to be collected relates to my/our borrowing and repayment history performance.

This review also includes the exchange of background information between ACU and the Chalmers Neighbourhood Renewal Corporation (CNRC) based on my/our participation in the 'Creating Opportunities for Affordable Housing program and Home Purchase Administration Agreement'. This information relates to all aspects of the program and agreement including, but not limited, to the required participation in the Home Readiness Workshops, completion and submission of required documentation and application/selection criteria process conducted by CNRC.

CNRC and ACU are authorized to disclose financial and program review information to Affordable Housing program funders on direct inquiry by any of them to allow ongoing assessment of my/our creditworthiness now and during the minimum 10-year agreement. I/we agree to indemnify all Home Purchase Administration Agreement parties from any claims arising from any such disclosure of information.

Date: _____

Applicant Name (printed):

Co-Applciant Name (printed):

Applicant Signature:

Co-Applciant Signature:

X _____

X _____