

## Attainable Home Ownership Program Application

The information is collected under section 26(c) of the *Freedom of Information and Protection of Privacy Act* (the "Act") for the operation and use of the Attainable Home Ownership Program within the City of Langford. All information shall be used and maintained in accordance with the Act. Should you have any questions about the above, please contact the FOI Coordinator at 250-478-7882.

### A. APPLICANT(S)

Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
Postal Code: _____ Phone: _____	Postal Code: _____ Phone: _____
Email: _____	Email: _____

### B. I AM INTERESTED IN THE FOLLOWING UNIT(S):

Select all that apply, please review [criteria for applicants](#) of each unit type

- ☐ ONE-BEDROOM, ONE-BATHROOM CONDO - PURCHASE PRICE \$399,000
- ☐ ONE-BEDROOM, DEN, AND ONE-BATHROOM CONDO - PURCHASE PRICE \$425,000
- ☐ TWO-BEDROOM, TWO-BATHROOM CONDO - PURCHASE PRICE \$450,000
- ☐ TWO-BEDROOM, DEN, AND TWO-BATHROOM CONDO - PURCHASE PRICE \$475,000
- ☐ THREE-BEDROOM, TWO-BATHROOM CONDO - PURCHASE PRICE \$499,000

### C. RESIDENCY REQUIREMENTS:

Select how you meet the residency requirements for this program

- ☐ A MEMBER OF THE CANADIAN ARMED FORCES POSTED IN GREATER VICTORIA
- ☐ A MEMBER OF THE RCMP POSTED IN THE WEST SHORE
- ☐ CURRENTLY WORKING IN LANGFORD, SOOKE, MECHOSIN, COLWOOD, VIEW ROYAL OR HIGHLANDS AND HAVE WORKED HERE FOR THE PAST SIX MONTHS. (PLEASE INCLUDE PROOF OF EMPLOYMENT)
- ☐ CURRENTLY LIVING IN LANGFORD, SOOKE, MECHOSIN, COLWOOD, VIEW ROYAL OR HIGHLANDS AND HAVE LIVED HERE FOR THE PAST SIX MONTHS. (PLEASE FILL OUT SECTION BELOW)

#### PLEASE LIST YOUR ADDRESS(ES) FOR AT LEAST THE LAST 2 YEARS:

ADDRESS	FROM DATE	TO DATE	NAME OF LANDLORD	LANDLORD PHONE NO.
ABOVE ADDRESS		PRESENT		

**D. HOUSEHOLD COMPOSITION:** List yourself on line 1, and then list all other persons in your household who will be living with you.

	BIRTH DATE D/M/Y	AGE	RELATIONSHIP TO APPLICANT
1.			APPLICANT
2.			
3.			
4.			
5.			
6.			

DO YOU EXPECT THE NUMBER OF PEOPLE IN YOUR FAMILY TO CHANGE IN THE NEXT 12 MONTHS? (PREGNANCY, FAMILY JOINING/LEAVING?)

☐ YES ☐ NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE FULL CUSTODY OF YOUR CHILDREN?

☐ YES ☐ NO IF NO, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU RELATED TO ANY MEMBERS OF THE LANGFORD AFFORDABLE HOUSING COMMITTEE, COUNCIL, CITY OF LANGFORD STAFF, OR DEVELOPERS ASSOCIATED WITH THE PROGRAM?

☐ YES ☐ NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**E. INCOME AND ASSETS:**

WHAT IS YOUR COMBINED HOUSEHOLD INCOME (AS LISTED ON NOTICE OF ASSESSMENT) ? \_\_\_\_\_

WHAT ARE YOUR SOURCES OF INCOME? (Employment, child support, EI, disability, etc) \_\_\_\_\_

PLEASE LIST YOUR BANK OR LENDING INSTITUTION(S):

NAME OF INSTITUTION	ADDRESS	PHONE NUMBER

WHAT IS THE CURRENT VALUE OF ALL ASSETS HELD BY YOU AND MEMBERS OF YOUR HOUSEHOLD? (MAXIMUM ALLOWANCE \$50,000)

CASH/BANK BALANCE	\$	STOCKS/BONDS/TERM DEPOSITS	\$
TFSA/RRSP'S	\$	ANNUITIES/PENSION	\$

DO YOU CURRENTLY OWN ANY REAL ESTATE?

☐ YES ☐ NO IF YES, WHAT IS THE VALUE OF REAL ESTATE OWNED? \$ \_\_\_\_\_

DO YOU HAVE ACCESS TO DOWN PAYMENT ASSISTANCE FROM FAMILY, FRIENDS OR OTHER?

☐ YES ☐ NO

DO YOU ANTICIPATE RECEIVING MONEY OR ASSETS WHICH WILL CHANGE YOUR NET VALUE ASSETS OVER THE NEXT 12 MONTHS?

☐ YES ☐ NO

I/WE HAVE PRE-MORTGAGE APPROVAL IN THE AMOUNT OF: \$ \_\_\_\_\_

#### F. APPLICANT CHECKLIST:

BEFORE RETURNING YOUR APPLICATION TO THE CITY OF LANGFORD ATTAINABLE HOUSING COMMITTEE HAVE YOU:

☐ COMPLETED YOUR APPLICATION IN FULL?

☐ REVIEWED THE "CRITERIA FOR APPLICANTS"?

ENCLOSED THE FOLLOWING MATERIALS AS PART OF YOUR APPLICATION:

☐ MOST RECENT NOTICE OF ASSESSMENT FROM CANADA REVENUE AGENCY FOR ALL MEMBERS OF THE HOUSEHOLD OVER 18 (NOT T4 SLIPS)

☐ PRE-MORTGAGE APPROVAL IN THE AMOUNT REQUIRED (DEPENDENT ON UNIT SIZE)

☐ PROOF OF EMPLOYMENT AT LANGFORD BUSINESS (IF APPLICABLE)

☐ PROOF OF EMPLOYMENT AND POSTING LOCATION FOR CANADIAN ARMED FORCES OR THE RCMP (IF APPLICABLE)

☐ SIGNED AND DATED THE DECLARATION (G)

#### G. DECLARATION:

I/We declare:

- This is my application; and
- All the information is correct and complete to the best of my knowledge and belief.

I/We authorize:

- The City of Langford to make any inquiries that are necessary to verify the information in this application; and
- Any person, corporation or social agency to release to the City of Langford any information pertinent to the assessment of my/our application; and
- The City of Langford to receive and exchange information with credit bureaus and/or previous landlords and/or the lending institution on all credit and other information about me/us, to be used in the decision-making process to provide me/us with an attainable housing opportunity.

I/We understand:

- That this application does not constitute any agreement on the part of the City of Langford or the Attainable Housing Committee to provide me/us with an attainable housing opportunity; and
- That it is my/our responsibility to advise The City of Langford of any changes to the information given in this application and to provide any supporting materials required for my/our application, if requested; and
- That the property is subject to conditions in respect to occupancy and resale pursuant to the Housing Agreement and Section 219 Covenant registered against title to the property, a copy of which will be provided to you prior to purchase.

Signature of Applicant

Date

Signature of Applicant

Date