



MUNICIPAL MATCHING RENTAL CONSTRUCTION PROGRAM APPLICATION

Date of Request: _____
YYYY-MM-DD

FOR OFFICE USE ONLY

Client #: _____ Date Received: _____

Yukon Resident: Yes No

If applicable, Yukon Registered Business #: _____

1. PERSONAL INFORMATION

Applicant 1

First name: _____

Middle name: _____

Last name: _____

Full legal name, if different: _____

Date of birth (YYYY-MM-DD): _____

Business Name & ID No (if applicable): _____

Co-Applicant 2

First name: _____

Middle name: _____

Last name: _____

Full legal name, if different: _____

Date of birth (YYYY-MM-DD): _____

Business Name & ID No (if applicable): _____

2. CONTACT INFORMATION

Mailing address (street number, street name, P.O. Box):

City/Town/Community: _____

Postal code: _____

Phone number: Home _____

Work _____ Cell _____

E-mail: _____

E-mail co-applicant: _____

3. PROPERTY INFORMATION

Legal land description: _____
Lot Block Plan

Street Address: _____

Are you the registered owner of the property? Yes No

Have you, or your business, ever received loans or grants in the past from YHC? Yes No

If so, when? _____ What program? _____

4. PROJECT INFORMATION (ATTACH SEPARATE PAGES AS NECESSARY)

Description / scope of project:

Date of approved Development Permit issued by jurisdiction having authority: _____

Copy of Development Permit attached

Proposed number of units: _____ Proposed Rental Rate: _____

*Optional (Not required for program)

Total estimated cost of the project: \$ _____

Total Municipal Matching Funding: \$ _____

Total request of grant funding: \$ _____

Information on whom is doing the work (project manager, contractor, trades, self, etc.):

5. DECLARATION/CONSENT

- I certify and declare that all the information contained in this application is complete and accurate in every respect. I am aware that the discovery of any false statements made in the application may result in the cancellation of this application and I agree that such action by Yukon Housing Corporation will be without penalty or liabilities for damages.
- I acknowledge and agree that any work started before getting approval in writing from Yukon Housing Corporation (YHC) may not be eligible for program funding.

- I give permission to YHC, or authorized representatives to use and disclose any of the facts given in this application for any of these reasons:
 - To collect any amount owing to YHC;
 - To confirm eligibility for program funding;
 - For research purposes to assess the effectiveness of the program; and
 - For audit purposes.
- I understand that YHC may perform site visits to verify that the work performed has been completed, and that if a visit occurs it is only for the scope of work approved in the Agreement between YHC and the applicant, and for audit purposes.
- I understand that this application does not obligate YHC to approve program funding.
- Your personal information is being collected for the purpose of determining eligibility for funding from the Yukon Housing Corporation/Yukon government for the purposes of creating new, or improving existing rental housing per the terms of the specific funding program. Information collected on this form will be managed in accordance with the *Access to Information and Protection of Privacy Act*.

For further information, please contact the Director of Community Partnering and Lending at 667-5759 or toll-free at 1-800-661-0408, ext#5759 or visit Yukon Housing at 410 Jarvis St., Whitehorse, Yukon.

6. SIGNATURE AUTHORIZATION

Name (Please print): _____

Applicant Signature Date

Name (Please print): _____

Co-Applicant Signature Date

7. ATTACH DOCUMENTS TO SUPPORT YOUR APPLICATION

Please send the following documents to our office so that we may assess your eligibility for the Municipal Matching Rental Construction Program. Incomplete or missing documents will delay your eligibility assessment.

Proof of ownership:

- Property tax bill: include a copy of the current tax bill for your property and a copy of a receipt for payment of last year's tax bill.
- Worker's Compensation Health and Safety Board (WCHSB) Insurance policy: include a copy.
- Copy of Certificate of Title.
- Copy of Development Permit and scope of work.
- Copy of photographs of land before work is started.

8. RETURN FORM TO US

Please submit a completed application form to Yukon Housing Corporation by using either of the following methods:

1. Mailing Address:

Yukon Housing Corporation, 410 Jarvis St.
WHITEHORSE, YT Y1A 2H5

2. Fax number:

Whitehorse (867) 667-3664

FOR STAFF USE ONLY

CLIENT FILE #: _____

Application for Municipal Matching is:

- Declined
- Declined letter sent

Reasons: _____

 YHC Employee Signature Position Date

- Approved
- Approval letter sent

 YHC Employee Signature Position Date

Dwelling Type:

- Resident's home – new secondary suite / garden suite
- New single unit
- New multi-unit building

Property tax assessment number: _____

Previous YHC assistance: Yes No

Program: _____ Date opened (YYYY-MM-DD): _____

File #: _____ Amount: _____ Date closed (YYYY-MM-DD): _____

Program: _____ Date opened (YYYY-MM-DD): _____

File #: _____ Amount: _____ Date closed (YYYY-MM-DD): _____

Comments: _____

Grant amount requested: \$ _____

Municipal Matching Funding Allocation: \$ _____

Grant amount approved: \$ _____

Program Officer Assigned: _____ Date (YYYY-MM-DD): _____

Approved by: _____ Date (YYYY-MM-DD): _____