



2025 ONTARIO RENOVATES PROGRAM LANDLORD/TENANT PACKAGE

Applications will be accepted on a first-come, first-served basis until funding is depleted. Funding is limited, apply early!

If you are having difficulty completing this application, please contact our Housing Coordinator for a referral to an agency that can assist you. You can reach us at 519-661-CITY (2489) ext. 5523 or by emailing cworral@london.ca.

ANY WORK UNDERTAKEN BEFORE RECEIVING APPROVAL FROM THE CITY OF LONDON FOR THE ONTARIO RENOVATES PROGRAM WILL NOT BE ELIGIBLE FOR FUNDING CONSIDERATION OR APPROVAL.

Please submit your fully completed application forms to:
City of London, Municipal Housing and Industrial Development
Ontario Renovates Program
Citi Plaza, 2nd Floor
355 Wellington Street, Suite 248
London, ON N6A 3N7

PROGRAM OVERVIEW

This program, made possible through funding from the Federal and Provincial governments, provides financial assistance to low to moderate income renters in the City of London and the County of Middlesex. The program helps improve accessibility through modifications or adaptations. It serves individuals aged 60 or older and people with disabilities.

Fact Sheet

Financial Assistance Available

- A one-time grant up to \$5,000 is available for home accessibility modifications. The grant is non-repayable if the tenant occupies the dwelling for at least six (6) months, starting from the first day of the month following the final payment.

Eligibility Criteria

- A tenant who is a senior aged 60 or older and/or individuals with disabilities.
- Households that fulfill the following conditions:
 - Annual gross household income at or below \$95,000 (based on the previous year's Notice of Assessment, Line 15000) for household members 18 or older.
 - Total household liquid assets at or below \$30,000 (including TFSA's, GIC's, bonds, mutual funds, savings accounts) for household members 18 or older.
- A landlord with a tenant who meets the Ontario Renovates program criteria that requires unit accessibility modifications.
- The rental unit must be in the City of London or Middlesex County.

Rental Unit Requirements:

- The unit must be modest, and rent cannot exceed the Average Market Rent (AMR) for London and Middlesex County, outlined as follows:
 - Bachelor: \$1,083/month
 - One bedroom: \$1,302
 - Two bedrooms: \$1,547
 - Three bedrooms: \$1,818

Program Requirements

- Submit completed and signed Ontario Renovates Program application forms with supporting documentation.
- The applicant (tenant) to submit government-issued photo ID (i.e., driver's license, passport, citizenship, or Ontario photo card).
- Provide the 2024 Canada Revenue Agency (CRA) Notice of Assessment for household members/tenants 18 or older.
- Submit a Property Tax Assessment verifying up to date payments.
- A copy of the tenant's signed lease/tenancy agreement or rent receipts showing the current rental rate.
- List liquid assets for household members/tenants 18 and older.
- Submit three (3) contractor estimates for proposed home accessibility modifications.
- Provide pictures of the proposed accessibility modification areas.

Examples of Eligible Home Accessibility Modifications:

- | | | |
|-------------------|----------------------------|------------------------------------|
| • Ramps | • Fire alarms | • Chair and bath lifts |
| • Handrails | • Grab bars | • Raised toilets |
| • Levered handles | • Accessible shower stalls | • Height adjustment to countertops |

PLEASE KEEP FOR YOUR REFERENCE

Ontario Renovates Program Process – Landlord/Tenant

Step	Description
1.	The City of London reviews applications within thirty (30) business days, ensuring completeness and initial eligibility based on income, assets, rental rate, and other criteria.
2.	City staff may schedule an inspection if further assessment of the scope of work, estimates, and cost are needed.
3.	If approved, the applicant/tenant will receive a Conditional Approval Letter outlining the approved work and funding amount, along with a Promissory Note. The property owner must sign and return two (2) original Promissory Notes .
4.	Upon receipt of the signed documents, the City will issue a Letter of Agreement , authorizing work to begin. Accessibility modifications must start within 30 days of the date of the Letter.
5.	Upon work completion, the tenant will submit the signed Letter of Agreement, original invoices, and photos of completed work . The City may conduct a site visit before processing payment.
6.	Payments are issued within 15 business days after receiving required documents. Payments go directly to the tenant, not contractors. Any costs exceeding the approved funding are the tenant's responsibility.

Projects Ineligible for Ontario Renovates Program Funding

- Any work started or completed before program approval.
- Construction without necessary municipal building permits.
- Cosmetic renovations and repairs (i.e., driveway paving, painting, and flooring).
- Landscaping, maintenance, or solar panel installation.
- Central air conditioning.
- Accessibility modifications to commercial or non-residential properties.
- Supportive care, nursing care or therapeutic equipment.
- Projects receiving funding from the Ministry of Health and Long-Term Care or the Ministry of Community and Social Services.
- Community or Social Housing as defined under the *Housing Services Act 2011*.
- Applicants who had previously received Ontario Renovates funding.
- Households that have received prior funding from the Affordable Housing Program or Off-Reserve Aboriginal Housing (Trust) Program.



2025 ONTARIO RENOVATES PROGRAM LANDLORD/TENANT APPLICATION FORM

- Please print clearly and legibly.
- Complete all applicable sections in full.
- Accessibility modifications started or completed before approval will not be eligible for Ontario Renovates Program funding.

The personal information collected on this form is collected under the authority of the *Housing Services Act, 2011, S.O. 2011, c. 6, Sched. 1*, and will be used to determine suitability and funding eligibility under the City of London's Ontario Renovates Program. Questions about this collection should be addressed to the Manager of Municipal Housing and Industrial Development at 355 Wellington St. Suite 248 2nd Floor, London ON N6A 3N7, Tel: 519-661-CITY (2489) Ext.4281, email: housing@london.ca.

1. Tenant/Applicant Type

- ☐ Senior (60 years of age or older)
- ☐ Person with a disability

2. Tenant/Applicant

Tenants Last Name:	First Name:	Date of Birth: (Year-Month-Day) / /
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Home Phone #:	Cell #:	Email Address:
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- ☐ Yes, I have attached a copy of one piece of government-issued photo identification (i.e., driver's license, passport, citizenship, or Ontario photo card).

3. Property Owner

I am the:	<input type="checkbox"/> Property Owner(s)/Landlord
	<input type="checkbox"/> Owner's Authorized Agent

Property Owner (1) Last Name:	First Name:	Phone #:
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Property Owner (2) Last Name:	First Name:	Phone #:
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Authorized Agent - Full Name (If applicable):	Phone #:
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Organization Name and Address (i.e., property management, etc.)

- ☐ Yes, I/we have attached a copy of a document clearly identifying I am an authorized agent.

4. Rental Unit Details

Apt/Unit #:

Address:

City:

Province:

Postal Code:

How many residents are residing in the home? _____

How many bedrooms are in the unit? ☐ One ☐ Two ☐ Three ☐ Four+

What is the current monthly rent for the unit? _____

Type of Home:

☐ Detached/Single family home ☐ Semi-detached ☐ Townhouse ☐ Duplex ☐ Apartment

☐ Other (Please specify): - _____

Age of the home? _____ years

Are the property taxes up to date? ☐ Yes ☐ No

Is the dwelling on a reserve? ☐ Yes ☐ No

Has the property in need of renovations previously received a grant or loan assistance for repairs or accessibility modifications? If yes, please provide the program name, date, case number, and nature of the work: ☐ Yes ☐ No

Program Name: _____

Date: _____

Case Number: _____

Nature of Work: _____

☐ Yes, I/we have attached a signed lease/tenancy agreement, or rent receipt showing the current rent.

☐ Yes, I/we have attached a copy of the Property Tax Assessment showing payment is up to date.

5. Scope of Accessibility Modifications

Estimated Cost \$ _____

Preferred Contractor _____

All requested accessibility modifications must be directly related to a household member's physical disability. Additional medical documentation may be required to support your request.

Please note that therapeutic care, supportive care, and portable assistive equipment are not eligible.

Please check all that apply and provide photos of the area in your home that require modification:

- | | | |
|--|---|--|
| <input type="checkbox"/> Ramps | <input type="checkbox"/> Fire alarms | <input type="checkbox"/> Chair and bath lifts |
| <input type="checkbox"/> Handrails | <input type="checkbox"/> Grab bars | <input type="checkbox"/> Raised toilets |
| <input type="checkbox"/> Levered handles | <input type="checkbox"/> Accessible Shower Stalls | <input type="checkbox"/> Height Adjustments to countertops |
| <input type="checkbox"/> Other (please specify): _____ | | |

Please provide a brief explanation of why the modifications are needed. (If additional space is required, attach a separate sheet)

Estimate Submission Requirements:

- Submit three (3) contractor estimates for each type of work requested.
- Ensure all estimates cover the same scope of work.
- Each estimate must include the contractor's HST number.

☐ **Yes, I/we have attached pictures showing the proposed modifications.**

6. Tenant/Applicant Household Income

Please provide the annual income for 2024 for all household members aged 18 years and older, as stated on your Canada Revenue Agency (CRA) Notice of Assessment (NOA), Line 15000.

Include a copy of the 2024 CRA NOA for everyone listed below.

Household Member	Annual Income (Line 15000 CRA Notice of Assessment)	Copy Attached
Tenant	\$	<input type="checkbox"/>
Household Member (18 years and older)	\$	<input type="checkbox"/>
Household Member (18 years and older)	\$	<input type="checkbox"/>

Household Member (18 years and older)	\$	<input type="checkbox"/>
Total Annual Income for all Household Members: (Maximum: \$95,000/year)	\$ _____	

7. Tenant/Applicant Household Assets

Please list all liquid financial assets for each household member aged 18 years and older, including TFSAs, GICs, bonds, mutual funds, savings accounts and other investments.

Exclude RRSP's, RDSP's, RRIF's, RESP's, vehicles, and furniture from that list.

Type of Asset	Household Member	Asset Value
TFSAs		\$
GICs		\$
Bonds		\$
Mutual Funds		\$
Savings Account		\$
Other (please specify)		\$
Total Assets for all Household Members (Maximum is \$30,000)		\$ _____

8. Third Party Support (if applicable)

Did anyone assist you in completing this form? ☐ Yes ☐ No

If yes, please select the appropriate option that describes the person who primarily provided assistance:

- ☐ Medical Professional
☐ Social Worker
☐ Family/Friend/Neighbour
☐ Other (please specify) _____

Name of person who provided assistance:

Phone #:

Email:

I/we the applicants hereby authorize the City of London and/or its authorized representatives to contact the person who provided assistance in completing this application for clarification if necessary.

☐ Yes

☐ No

Tenant Signature

9. Terms and Conditions

I/We acknowledge and understand the following Terms and Conditions apply to this application and, if assistance is approved, to any subsequent grant.

1. The City of London and/or its authorized representatives or agents may conduct necessary inquiries to verify the information provided in this application package.
2. Any work undertaken before receiving written confirmation of final approval from the City of London is ineligible for assistance.
3. The grant or forgivable loan amount is based on the City of London's approved costs for accessibility modification costs.
4. The entire approved grant may only be used to fund the City of London's approved accessibility modifications for the property specified in the Conditional Approval Letter, Promissory Note, and Letter of Agreement.
5. The grant will be subject to the Terms and Conditions outlined in the Letter of Agreement and related documentation (i.e., Promissory Note).
6. The Property Owner must sign a Promissory Note confirming that the accessibility modification work will not result in a rent increase for the unit or an application to the Landlord and Tenant Board. The rent must remain within the Average Market Rent for London and Middlesex County, and the owner must report the rent for the unit to the City of London for up to 15 years, in accordance with the Ministry of Municipal Affairs and Housing program guidelines.
7. The Tenant will commit to occupying the rental unit for a minimum of six (6) months, starting on the first day of the month following the issuance of the final payment.
8. If any Terms and Conditions of the grant are not met, or if a false declaration is knowingly made, the City of London reserves the right to cancel the approval and/or recover any funds paid (plus interest).
9. Work must commence within 30 days from the date of the Letter of Agreement from the City of London.
10. Total tenant household assets (excluding RRSP's, RDSP's, RRIF's, and RESP's, vehicles, and furniture) cannot exceed \$30,000.

10. Declaration

1. I/We hereby confirm that, to the best of my/our knowledge, the information provided in this application is complete and accurate in every respect.
2. I/We hereby confirm I am/we are the property owner(s)/landlord or the owner's authorized agent(s) of the property being adapted.
3. I/We hereby authorize site visits of this property as required. I understand that any site visits conducted by the City of London and/or its authorized staff are for internal administrative purposes only and provide no guarantee of compliance with applicable building codes or standards.
4. I/We hereby acknowledge that if my/our funding application is accepted, it will not apply to prior work completed.
5. I/We hereby acknowledge that if the funding application is accepted, I/we cannot claim the modifications for any Provincial tax rebate programs.
6. I/We acknowledge that in the event a false declaration is knowingly made, the City of London shall have the right to cancel the approval and recover and funds paid (plus interest).
7. I/We have read, understood, and agree to the Terms and Conditions listed above.

Name of Landlord (Please print)	Signature	Date (yyyy/mm/dd)
Name of Tenant (Please print)	Signature	Date (yyyy/mm/dd)
Household Member (Please print)	Signature	Date (yyyy/mm/dd)

11. Checklist for Landlord/Tenant Application

Please use this checklist to ensure all necessary documents are attached for a complete application.

Yes	*N/A	Item
<input type="checkbox"/>	<input type="checkbox"/>	Completed and signed Ontario Renovates Application Forms, including signatures.
<input type="checkbox"/>	<input type="checkbox"/>	Copy of one piece of government-issued photo identification for tenant/applicant (i.e., driver's licence, passport, citizenship, or Ontario photo card).
<input type="checkbox"/>	<input type="checkbox"/>	Copies of 2024 Canada Revenue Agency (CRA) Notice of Assessment showing Line 15000 as verification of income for all tenants/household members 18 years and older.
<input type="checkbox"/>	<input type="checkbox"/>	Property Tax Assessment verifying up to date payments.
<input type="checkbox"/>	<input type="checkbox"/>	List of liquid assets for household members 18 and over.
<input type="checkbox"/>	<input type="checkbox"/>	Three (3) estimates with HST numbers for proposed accessibility modifications.
<input type="checkbox"/>	<input type="checkbox"/>	A signed lease, tenancy agreement, or rent receipt showing the current monthly rental amount.
<input type="checkbox"/>	<input type="checkbox"/>	Picutres showing proposed accessibility modifcaiton areas of the home.
<input type="checkbox"/>	<input type="checkbox"/>	A document clearly identifying an authorized agent on behalf of the homeowner.

*Not Applicable

12. How did you hear about the Ontario Renovates Program?

To help us in improving our community outreach, please indicate how you learned about the Ontario Renovates Program by selecting the relevant option below:

Check all that apply	Source
<input type="checkbox"/>	Digital Billboard
<input type="checkbox"/>	Facebook/Twitter/Other social media
<input type="checkbox"/>	Radio/Newspaper
<input type="checkbox"/>	Family/Friends
<input type="checkbox"/>	Other: _____