

PEI Home Renovation Programs Application



Privacy Statement

Personal information on this form is collected under the *Provincial Health Number Act and Section 31 of the Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, c.F-15.01, as it relates directly to the approval of your application. If you have any questions about the collection of your personal information call the Department of Housing, Land and Communities at 1-855-374-7366.

Property ID # (identified on your property tax bill):

Email:

Property Type: ☐ Single home ☐ Duplex/semi-detached ☐ Condo ☐ Mini-home ☐ Seasonal residence

Civic Address:

PO Box:

City:

Postal Code:

Telephone # - daytime:

Telephone # - other:

☐ I/we give permission for an official of the Department of Housing, Land and Communities to discuss this application and any information required to assess and complete the requested renovation with the identified contact.

Name of Contact:

Email:

Address of Contact:

Telephone of Contact:

Relationship:

List all primary occupants over 18 years old that reside in the home, excluding full time students between 18-25 yrs.

First Name	Middle Name	Last Name	Date of Birth	PEI Health Number	Social Insurance Number
			YYYY/MMM/DD		
			YYYY/MMM/DD		
			YYYY/MMM/DD		
			YYYY/MMM/DD		

Marital status of Primary Applicant: ☐ Married / Common-Law ☐ Single ☐ Widowed ☐ Divorced / Separated

I/We have dependents living in the home: ☐ Yes ☐ No Total number of occupants in the home:_____ Total number of dependents in the home:_____

Renovation Requests to be Considered for Funding:

If you are a person with a physical disability and you want to be considered for additional funds for renovations related to your disability, you MUST attach a [Medical Verification Form](#) signed by your doctor. Identify the individual and the renovations required to accommodate the individual's disability within the home:

Name:

Description of Disability:

Description of Renovation:

Prioritize essential repairs/renovations required within the home. Eligible repairs must be consistent with minimum requirements for acceptable work available from our office.
COSMETIC REPAIRS ARE NOT ELIGIBLE

1.

2.

3.

4.

5.

If 60 years of age or older on the day you apply, you will automatically be assessed for additional funding if required, and if the renovations are eligible through the Seniors Home Repair Program and/or Seniors Safe @ Home Program.

DECLARATION (For PEI Home Renovation Programs - PEIHRP, Seniors Home Repair Program, and Seniors Safe @ Home Program):

I/We declare that:

- I/We own or jointly own the principal residence or have a life interest in the residence that is the subject of this application.
- For the Seniors Safe @ Home Program only, the property which requires modifications related to the senior applicant's health, safety or loss of ability, may be owned by a family member.
- The property that is the subject of this application is registered with the Taxation and Property Records Division of the PEI Department of Finance in my/our name(s).
- The Non-Commercial, Residential property is assessed at \$300,000 or less (as per Taxation and Property Records market value assessment).*
- The property that is the subject of this application is the principal residence and is not a seasonal property. I/We reside in this property at least six consecutive months plus one day per calendar year.
- We are Canadian citizen(s) or landed immigrant(s), and permanent resident(s) of PEI.
- Our combined annual income is \$50,000 or less according to line #23600 of the most recent Canada Revenue Agency Notice of Assessment(s).
- I/We understand that the definition of combined annual income includes the net income for all homeowners that reside in the property which is the subject of this application, and any other primary occupants over 18 years old, excluding dependents, and students.

*Property value does not apply to Seniors Safe @ Home Program.

I/We declare and agree that:

- All renovation work must be approved in writing prior to any work commencing. Any renovations started or completed prior to the issuance of an Approval Letter by the PEIHRP will not be eligible for the grant.
- The eligibility of specific renovation costs shall be determined by the PEIHRP. Only renovations included in the application will be considered for the grant.
- I am/We are required to continue to own the property that is the subject of this application for three years after receiving a grant from the PEIHRP. Should ownership of this property change within three years of receiving the PEIHRP grant, I/we agree to immediately notify PEIHRP of the ownership change and understand that a portion of the grant shall be repaid to PEIHRP.

- PEIHRP may complete a home inspection prior to grant approval and after renovation completion to ensure all program criteria have been met.
- I/We may re-apply to the PEIHRP more than once until the maximum grant is received. We are not eligible for a PEIHRP grant within 15 years of receipt of the last maximum PEIHRP grant.
- I am/We are completely responsible for the quality and adequacy of any renovations approved for a PEIHRP grant, which includes responsibility for ensuring compliance with any and all industry standards, applicable regulatory requirements, including any building code, electrical code, safety code, municipal bylaw or provincial or federal regulation or statute, and agree that in no event shall the Government of Prince Edward Island be liable to anyone in whole or in part for the renovations or any part of the renovations, including any loss or claim by anyone that may result from the renovations.
- Funding is provided as a PEIHRP grant for approved costs of renovations if the program criteria has been met. In the event that any program criteria of the PEIHRP are not met, or that a false declaration is knowingly made in this application, the PEIHRP shall have the right to cancel the approval and recover any paid funds and additional costs.

Please send your application to:

Email: homereno@gov.pe.ca

Fax: (902) 368-3394

Drop off or mail in locations:

PEI Home Renovation Programs

Department of Housing, Land and Communities
Sherwood Business Centre,
161 St. Peters Road, Charlottetown, PE
PO Box 2000, C1A 7N8

Or, at the following Access PEI locations:

Charlottetown, 33 Riverside Drive

Souris, 15 Green Street

Alberton, 116 Dufferin Street

Montague, 41 Wood Islands Road

O'Leary, 45 East Drive

Wellington, 48 Mill Road

Summerside, 120 Heather Moyse Drive

Tignish, 103 School Street

DECLARATION & CONSENT:

I/We confirm that I/we have read and understand all program criteria and policies viewed on-line at: PrinceEdwardIsland.ca/HomerenoPrograms.

I/We hereby declare that the information provided in this application is complete and accurate. I/We confirm that I am/we are in agreement with the terms and conditions set out in this application, and the program criteria, and that on approval of this application by PEIHRP. I/we understand and agree that this is a legally binding agreement with PEIHRP and the Government of PEI.

PLEASE SIGN BELOW:

_____	_____	_____
Date	Applicant (Print)	Applicant (Signature)
_____	_____	_____
Date	Co-Applicant (Print)	Co-Applicant (Signature)
_____	_____	_____
Date	Co-Applicant (Print)	Co-Applicant (Signature)

Canada Revenue Agency Statement of Consent:

I/we hereby consent to the release, by the Canada Revenue Agency to an official of the Department of Housing, Land and Communities, of Line #23600 (my net income) from my/our income tax return(s).

This consent is provided on condition that this information will be used solely for the purpose of determining and verifying my/our eligibility for the PEI Home Renovation Programs under the Social Assistance Act and Regulations, and that it will not be disclosed to any other person or organization without my/our written approval. This authorization is valid for the current and prior taxation year.

I/we understand that if I/we wish to withdraw this consent, I/we may do so at any time by writing to Director, Housing Services, Department of Housing, Land and Communities, 11 Kent Street, P.O. Box 2000, Charlottetown, PE C1A 7N8.

_____	_____	_____
Date	Applicant (Print)	Applicant (Signature)
_____	_____	_____
Date	Co-Applicant (Print)	Co-Applicant (Signature)
_____	_____	_____
Date	Co-Applicant (Print)	Co-Applicant (Signature)

