



GRANT APPLICATION FORM

RETURN FAX NUMBER : 888 384 7980

Date of Application _____

Applicants Name _____

Spouse / Co-Applicant _____

Approximate Age of Applicant(s) _____

Number of dependants and ages _____

How long have you lived in the Okanagan? _____

Have you owned a home in the past? Yes No

Please give a brief description of your current housing status:

Please provide a brief (250 words or less) explanation of why you believe you are the best candidate to receive one of these grants? Your story:

Do you intend to live in West Kelowna for an extended period of time, a minimum of 4 years to allow you to retain 100% of the grant funds? Yes No

Would you be interested in an additional grant to build a suite in this home? Yes No

If selected to be a grant recipient, would you object to your story being shared with the media? Yes No

Applicants for the grant must have a minimum combined household income of \$58,000 per year.

This minimum combined income assumes applicants have no monthly financial obligations such as car loans, credit card payments, child support etc. If minimum income requirement is not met applicant may elect to use co-signer. Please indicate the relationship and income of co-signer.

At this purchase CMHC insured, applicants must have an additional 1.5% of the purchase price in savings for closing costs. Savings cannot be from borrowed funds.

NOTE: Applications not filled out in full and the income criteria not met will not be considered for this grant.

Thank you to all applicants. Please know that each application is read and reviewed. If you are to be chosen by the Selection Committee, they will advise you within the first week post cut-off. As we are only able to select so many each round, we will continue to include certain applications for future rounds. Due to the volume of applications expected, we apologize, but are not able to personally contact any applicants who have not initially been selected.

Signature of Applicant

Signature of Applicant

APPLICANT #1

Name (first/init./last)

Date of Birth (dd/mm/yyyy)

Current Address

City / Prov.

Postal Code

Personal Telephone

Business Telephone

Personal E-mail

Business E-mail

Years at Res.

Previous address

City / Prov.

Postal Code

How long have you lived on previous address?

CURRENT EMPLOYER

Name company

Address

City / Prov.

Postal Code

Job description

Annual Income (\$)

Length of Employment

ADDITIONAL INCOME

Name company

Address

City / Prov.

Postal Code

Job description

Full Time Part Time

Annual Income (\$)

Length of Employment

FINANCIALS

Savings (RRSP, Bank Accounts, Non Registered Investment) - Total Amount \$

Vehicles - Total value \$

Life Insurance - Total value \$

Liabilities (student / consolidation loan, current mortgage, etc.) - Total Amount \$

Please include monthly payments of loans

If applicable Mortgage amortization

APPLICANT #2

Name (first/init./last)

Date of Birth (dd/mm/yyyy)

Current Address

City / Prov.

Postal Code

Personal Telephone

Business Telephone

Personal E-mail

Business E-mail

Years at Res.

Previous address

City / Prov.

Postal Code

How long have you lived on previous address?

CURRENT EMPLOYER

Name company

Address

City / Prov.

Postal Code

Job description

Annual Income (\$)

Length of Employment

ADDITIONAL INCOME

Name company

Address

City / Prov.

Postal Code

Job description

Full Time Part Time

Annual Income (\$)

Length of Employment

FINANCIALS

Savings (RRSP, Bank Accounts, Non Registered Investment) - Total Amount \$

Vehicles - Total value \$

Life Insurance - Total value \$

Liabilities (student / consolidation loan, current mortgage, etc.) - Total Amount \$

Please include monthly payments of loans

If applicable Mortgage amortization