



RENTAL HOUSING GRANT APPLICATION FORM

Corporation of the City of Vernon
 3001 – 32 Ave, Vernon, B.C., V1T 2L8
 Phone: 250-550-3634 Fax: 250-545-5309
 buildingcounter@vernon.ca
 www.vernon.ca

DATE OF APPLICATION:	CITY'S FILE NUMBER:
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CONTACT INFORMATION	
APPLICANT:	OWNER (S):
CONTACT PERSON:	CONTACT PERSON:
MAILING ADDRESS:	MAILING ADDRESS:
PHONE:	PHONE:
ALTERNATE PHONE:	ALTERNATE PHONE:
EMAIL:	EMAIL:

PLEASE CHECK ONE:

- THE APPLICANT IS THE OWNER OF THE SUBJECT PROPERTY **OR**
- OWNER'S APPOINTMENT OF AN AGENT FORM IS ATTACHED

NOTE: OWNER NOTED ABOVE MUST BE CONSISTENT WITH OWNER LISTED ON THE STATE OF TITLE AND OWNER'S APPOINTMENT OF AN AGENT FORM (IF APPLICABLE)

DESCRIPTION OF PROPERTY AND PROPOSED DEVELOPMENT					
LEGAL DESCRIPTION (AS PER STATE OF TITLE)					
LOT:	BLOCK:	PLAN:	SECTION:	TOWNSHIP:	DISTRICT:
STREET ADDRESS:					
EXISTING OCP DESIGNATION:					
EXISTING USE (S):					
EXISTING ZONING:					
RENTAL UNITS TO BE STRATA TITLED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
DESCRIPTION OF PROPOSAL:					

<input type="checkbox"/> ATTACH LIST OF AREA (IN SQ.M) OF EACH RENTAL UNIT	
<input type="checkbox"/> PROVIDE LIST OUTLINING THE CITY DEVELOPMENT COST CHARGES (DCC)* LEVIES FOR EACH RENTAL UNIT.	
TOTAL NUMBER OF RENTAL UNITS: _____	TOTAL CITY DCCS* APPLICABLE TO RENTAL UNITS: \$ _____
<p>*NOTE: THE AMOUNT RELATED TO CITY DCCS DOES NOT INCLUDE THE DCCS LEVIED AS PER APPLICABLE REGIONAL DISTRICT OF NORTH OKANAGAN DEVELOPMENT COST CHARGE BYLAWS.</p>	
MAXIMUM RENTAL GRANT APPLICABLE IS \$4000 PER EACH RENTAL UNIT OR CITY DCC LEVY PER EACH RENTAL UNIT, WHICHEVER IS THE LESSER.	
RENTAL GRANT AMOUNT REQUESTED WITH THIS APPLICATION IS: \$ _____	
HOUSING AGREEMENT BYLAW # _____	
DATE OF HOUSING AGREEMENT BYLAW ADOPTION: _____	
DATE OF HOUSING AGREEMENT BYLAW AND COVENANT REGISTRATION: _____	
BUILDING PERMIT NO.: _____	
DATE OF ISSUANCE OF OCCUPANCY PERMIT FOR SUBJECT RENTAL UNITS: _____	

PLEASE REVIEW THE FOLLOWING STATEMENT AND SIGN BELOW. UNSIGNED APPLICATIONS ARE NOT PROCESSED.

I HAVE SUBMITTED THE RENTAL HOUSING GRANT APPLICATION FORM AND VERIFY THAT ALL THE INFORMATION SUBMITTED IS CORRECT. I ACCEPT RESPONSIBILITY FOR PROCESSING DELAYS CAUSED BY INCORRECT INFORMATION BEING SUBMITTED.

I ACKNOWLEDGE AND ACCEPT THAT RENTAL HOUSING GRANT FUNDS ARE SUBJECT TO ANNUAL BUDGET CONSIDERATION AND APPROVAL BY CITY COUNCIL. I ACKNOWLEDGE AND ACCEPT THAT RENTAL HOUSING GRANT FUNDS MAY NOT BE AVAILABLE AT THE TIME THE GRANT APPLICATION IS RECEIVED AND CONSIDERED BY THE CITY OF VERNON.

APPLICANT NAME: _____ APPLICANT'S SIGNATURE: _____

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.

Rev:NOV2015