



How do I qualify for the program?

Qualification is based on the following criteria and eligible applicants must:

- Have a gross household income that does not exceed \$75,592
- Not have household assets (cash, RRSPs or investments) that total more than \$10,000
- Be a resident of Brandon for at least three years at the time of application
- Be either a Canadian Citizen or a Permanent Resident
- Have at least one dependent that is not their spouse/partner
- Not own a home, or property of any kind
- Be able to pre-qualify for a mortgage and mortgage insurance without a guarantor or consignor
- Agree to attend a homeownership education session approved by the City of Brandon or their designate prior to completion of the home purchase
- Finance their mortgage through a traditional lender (bank, credit union or mortgage broker). Private lenders are not permitted
- Secure a mortgage with a term not less than 5 years
- Secure a mortgage with Taxes included or enrol and remain enrolled in the City of Brandon TIPS program
- Agree to register the forgivable loan on the property title as a second mortgage
- Agree to remain current on payables to the City of Brandon such as property taxes and water for the duration of the term of the forgivable loan
- Commit to having a home inspection with a certified member of the Canadian Association of Home and Property Inspectors of Manitoba at their own cost on resale homes or any new homes that do not offer a New Home warranty
- Agree to request a property disclosure statement from the seller for any property for which an offer to purchase is made
- Agree to maintain house insurance for the duration of the term of the forgivable loan
- Agree to be included in public relations related to the program



Eligible Homes

- May be single detached houses, duplexes and condominiums
- Must have a minimum of 2 bedrooms
- The purchase price must not exceed \$250,000
- Must be located within the City of Brandon

I qualify, what do I do now?

Please complete the short questionnaire that follows and if you meet the requirements, please complete the application and submit no later than Friday, September 21, 2018 at 5:00pm.

If you have questions, please contact, Housing Coordinator at 204-729-2412 or email housingcoordinator@bnrc.ca.

Questionnaire for the Primary Applicant (the highest income earner)

- My total gross household income is less than \$75,592.
- My household assets are less than \$10,000.
- My household includes at least one dependent that is not a spouse/partner. A dependent is defined as a person under the age of 22, a person under the age of 26 who is registered in full-time study, or a person of any age who because of mental or physical challenges is accepted as a dependent of someone in the household for income tax purposes.
- I am a Canadian Citizen or permanent resident.
- I have been a resident of Brandon for at least three (3) years.
- I neither own nor have an interest in property in Brandon or anywhere.



Application Form

Please mail or bring your completed application package to:

Economic Development Office, City Hall, 410-9th Street, Brandon, Manitoba, R7A 6A2

We ask you to complete this application as accurately as possible by printing your answers in the space provided. All information you include in this application will remain confidential.

Applications will be assessed after September 21st, and applicants will receive notification of the results within 30 days.

1. APPLICANT INFORMATION	
Primary Applicant	Co-applicant
FULL NAME	FULL NAME
	Relationship to Applicant
CURRENT ADDRESS	CURRENT ADDRESS (if different)
Length of time at current address	Length of time at current address
PHONE NUMBER(s) Home Work Cell	PHONE NUMBER(s) Home Work Cell
Email address(es)	Email address(es)
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Common Law	If divorced or common law, state length of time:



HOUSEHOLD COMPOSITION

Adult household members who will live with you. (Other than applicants)

Name _____ Age _____ Male Female Other

Name _____ Age _____ Male Female Other

Name _____ Age _____ Male Female Other

Number of dependents that are under 18.

Name _____ Age _____ Male Female Other

Name _____ Age _____ Male Female Other

Name _____ Age _____ Male Female Other

Name _____ Age _____ Male Female Other

Name _____ Age _____ Male Female Other

Name _____ Age _____ Male Female Other

IF YOU HAVE LIVED IN BRANDON FOR FEWER THAN THREE YEARS, PLEASE COMPLETE THE FOLLOWING:

Previous addresses (street, city, province, postal code)	Length of time



CHECK ALL THAT ARE APPLICABLE	<input type="checkbox"/> I am Indigenous/have Indigenous ancestry <input type="checkbox"/> My family has at least one member with physical special needs <input type="checkbox"/> I am a first time homebuyer <input type="checkbox"/> I am Canadian Citizen or a Permanent Resident
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2. AGREEMENT TO TERMS	
I am a first time homebuyer.	Applicant Initial
	Co-applicant initial
I agree to supply a mortgage pre-approval from a credit union, bank or mortgage broker.	Applicant Initial
	Co-applicant Initial
When asked, I agree to participate in media events if I am approved for the Brandon Home Buyer Assistance Program.	Applicant Initial
	Co-applicant Initial
If my application is successful, I agree to provide a home inspection by a certified member of the Canadian Association of Home and Property Inspectors of Manitoba when buying a home unless it is covered by the New Home Warranty.	Applicant Initial
	Co-applicant Initial
If my application is successful, I agree to request that a Property Disclosure Statement be provided by the seller of any property for which an offer to purchase is made.	Applicant Initial
	Co-applicant Initial

Applicant Signature: _____

Co-applicant Signature: _____



3. AGREEMENT TO ATTEND ALL EDUCATIONAL PROGRAMS

To be considered for the Brandon Homebuyer Assistance Program, attendance is mandatory for a homebuyer education session.

Failure to complete the session will result in disqualification of the applicant.

I agree to attend the required educational session.

Applicant Signature

Co-Applicant Signature

x _____

x _____

4. EMPLOYMENT INFORMATION

Primary Applicant	Co-applicant
NAME AND ADDRESS OF CURRENT EMPLOYER	NAME AND ADDRESS OF CURRENT EMPLOYER
PHONE NUMBER	PHONE NUMBER
NUMBER OF YEARS YOU HAVE WORKED FOR THIS EMPLOYER	NUMBER OF YEARS YOU HAVE WORKED FOR THIS EMPLOYER
MONTHLY GROSS PAY \$ _____	MONTHLY GROSS PAY \$ _____

If you have worked in your current position for fewer than five years, please complete the following:

1) BUSINESS NAME, ADDRESS, TELEPHONE NUMBER

OCCUPATION, WAGE AND NUMBER OF YEARS EMPLOYED _____



2) BUSINESS NAME, ADDRESS, TELEPHONE NUMBER

OCCUPATION, WAGE AND NUMBER OF YEARS EMPLOYED _____

3) BUSINESS NAME, ADDRESS, TELEPHONE NUMBER

OCCUPATION, WAGE AND NUMBER OF YEARS EMPLOYED _____

5. MONTHLY INCOME (AS PER YOUR LETTER OF EMPLOYMENT)		
Please check all that apply	Primary Applicant	Co-applicant
<input type="checkbox"/> Gross Monthly Income (before deductions)	\$ _____	\$ _____
<input type="checkbox"/> Employment and Income Assistance per month	\$ _____	\$ _____
<input type="checkbox"/> Disability income per month	\$ _____	\$ _____
<input type="checkbox"/> Spousal or child support income per month	\$ _____	\$ _____
<input type="checkbox"/> Child tax benefit per month	\$ _____	\$ _____
<input type="checkbox"/> Indicate any other monthly income	\$ _____	\$ _____
<input type="checkbox"/> Indicate any other monthly income	\$ _____	\$ _____
TOTAL FOR EACH COLUMN	\$ _____	\$ _____



Please indicate if there are any additional adult (over the age of 18) household members who are receiving an income:

Name _____ Age _____ Monthly income \$ _____

Name _____ Age _____ Monthly income \$ _____

Name _____ Age _____ Monthly income \$ _____

Name _____ Age _____ Monthly income \$ _____

*Gross income refers to ALL income benefits and gains of every kind and from every source including child support, spousal support, self employment income, pension income including CPP and OAS, all government transfer payments (ie. employment and income assistance, disability assistance, et cetera).



6. MONTHLY EXPENSES	
(note: some of these costs may be included in your monthly rent payment)	
Monthly rent payment \$ _____	
Heat <input type="checkbox"/> Included	Monthly cost (if not included) \$ _____
Water/Sewer <input type="checkbox"/> Included	Monthly cost (if not included) \$ _____
Electricity <input type="checkbox"/> Included	Monthly cost (if not included) \$ _____
Telephone	
<input type="checkbox"/> Landline <input type="checkbox"/> Cellular (all)	Total monthly phone cost (all phones) \$ _____
Cable/Internet	
<input type="checkbox"/> Cable <input type="checkbox"/> Internet	Total monthly cable/internet/other costs \$ _____
<input type="checkbox"/> Other (Netflix, Windows Live, apps, subscriptions, etc.)	
Storage Fees	Total monthly cost \$ _____
House or Tenant Insurance	Total monthly cost \$ _____
Life Insurance	Total monthly cost \$ _____
Health Insurance	Total monthly cost \$ _____
Child Care Expenses	Total monthly cost \$ _____
Clothing	Total monthly cost \$ _____
Food	Total monthly cost \$ _____
Vehicle/Transportation costs (includes bus pass, vehicle payment, insurance, gas, maintenance, et cetera)	Total monthly cost \$ _____
Maintenance/ child support payment	Total monthly cost \$ _____
Other monthly expense	Total monthly cost \$ _____
Other monthly expense	Total monthly cost \$ _____
ALL MONTHLY EXPENSES TOTAL	\$ _____



7. SOURCE FOR CLOSING AND MOVING COSTS

Please explain how you plan to pay for closing costs (approximately 2.5% of purchase price) and other costs associated with moving costs. If you plan to borrow money to pay these costs, explain how the money will be borrowed and from whom.

8. ASSETS

Provide information for ALL chequing accounts and savings accounts below for both applicants.

If more space is required, please attach additional information to a separate piece of paper to the back of this application.

Primary Applicant	Co-applicant
Name and Address of Bank or Credit Union _____ _____ _____	Name and Address of Bank or Credit Union _____ _____ _____
Account type (chequing, savings, et cetera) _____ Account Balance \$ _____	Account type (chequing, savings, et cetera) _____ Account Balance \$ _____



Brandon Homebuyer Assistance Program

Account type (chequing, savings, et cetera) _____	Account type (chequing, savings, et cetera) _____
Account Balance \$ _____	Account Balance \$ _____
Account type (chequing, savings, et cetera) _____	Account type (chequing, savings, et cetera) _____
Account Balance \$ _____	Account Balance \$ _____
Account type (chequing, savings, et cetera) _____	Account type (chequing, savings, et cetera) _____
Account Balance \$ _____	Account Balance \$ _____
Account type (chequing, savings, et cetera) _____	Account type (chequing, savings, et cetera) _____
Account Balance \$ _____	Account Balance \$ _____
RRSP/RPP group retirement plan or policy:	RRSP/RPP group retirement plan or policy:
Contact information _____ _____	Contact information _____ _____
Account Balance \$ _____	Account Balance \$ _____
Are you the owner (no payments) of one or more: Vehicles (car, truck, et cetera) <input type="checkbox"/> yes <input type="checkbox"/> no How many? _____	Are you the owner of: Stove <input type="checkbox"/> yes <input type="checkbox"/> no Refrigerator <input type="checkbox"/> yes <input type="checkbox"/> no Washer <input type="checkbox"/> yes <input type="checkbox"/> no Dryer <input type="checkbox"/> yes <input type="checkbox"/> no



9. DEBT	
For what items, and to whom, do you and the co-applicant owe money?	
Vehicle: Unpaid balance \$ _____ Months left to pay _____	Monthly payment \$ _____
Vehicle: Unpaid balance \$ _____ Months left to pay _____	Monthly payment \$ _____
Vehicle: Unpaid balance \$ _____ Months left to pay _____	Monthly payment \$ _____
Credit Card: Unpaid balance \$ _____ Months left to pay _____	Monthly payment \$ _____
Credit Card: Unpaid balance \$ _____ Months left to pay _____	Monthly payment \$ _____
Furniture/electronics: Store name: _____ Unpaid balance \$ _____ Monthly left to pay _____	Monthly payment \$ _____
Vehicle/Transportation costs (vehicle payment/bus pass) Unpaid balance \$ _____ Monthly left to pay _____	Monthly payment \$ _____
Maintenance/child support payment	Monthly payment \$ _____
Other monthly expense (please name)	Monthly payment \$ _____
Other monthly expense (please name)	Monthly payment \$ _____
Other monthly expense (please name)	Monthly payment \$ _____
MONTHLY DEBT TOTAL	\$ _____ / month



10. DECLARATIONS		
Please check the appropriate box to answer the questions below:		
	Applicant	Co-applicant
I am Indigenous or have Indigenous Ancestry.		
A member of my household has special needs.		

11. AUTHORIZATION AND RELEASE	
<p>I understand that by filling this application I am authorizing the City of Brandon and affiliate to evaluate my need for a home, my ability to meet the financial obligations and other expenses of homeownership, and my willingness to fulfill the requirements of the Brandon Home Buyer Assistance Program, and;</p> <p><input type="checkbox"/> that I am not involved in any other home buyer down payment program.</p> <p><input type="checkbox"/> I agree to sign a City of Brandon funding agreement.</p> <p>I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to purchase a house, I may be disqualified from the program.</p> <p>The original or a copy of this application will be retained by the City of Brandon even if my application is not approved.</p>	
Primary applicant's signature: X _____ Date _____	
Co-applicant's signature: X _____ Date _____	
Primary Applicant's full name: (please print) _____	Co-applicant's full name: (please print) _____