



How do I qualify for the program?

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

- ✓ **Must schedule an in person consultation with the Program Coordinator, Deb Day after you obtain a mortgage preapproval and prior to submitting an application**
- ✓ Have a total household income that does not exceed \$75,592 for the year in which your funding application is being submitted. *Total income includes wages, salaries, net income from self-employment, investment income, retirement pensions and miscellaneous income such as alimony or government transfer payments of all household members 18 years of age and older*
- ✓ Not have assets (cash, RRSPs or investments that can be converted to cash) 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
- ✓ Cannot currently own a home or have a vested interest in residential property
- ✓ Be able to pre-qualify for a mortgage and mortgage insurance without a guarantor or consignor from an National Housing Act approved lender
- ✓ Finance their mortgage through a National Housing Act approved lender
- ✓ Secure a mortgage with a term not less than 5 years
- ✓ Live in the home purchased with funding assistance from the Brandon Home Buyer Assistance Program
- ✓ Cannot be involved with any other home buyer down payment program
- ✓ Agree to attend a mandatory homeownership education session approved by the City of Brandon or their designate prior to moving into their new home
- ✓ Agree to register the forgivable loan on the property title as a second mortgage for the duration of the term of the forgivable loan
- ✓ 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, for any property for which an offer to purchase is made and accepted by the seller, by a certified member of the Canadian Association of Home and Property Inspectors of Manitoba (CAHPI Manitoba), and/or the International Association of Certified Home Inspectors (NACHI) at their own cost on resale homes or any new homes that do not offer a New Home warranty
- ✓ Agree to maintain house insurance for the duration of the term of the forgivable loan and Manitoba Housing Renewal Corporation must be listed as a second loss payable on the applicant's insurance policy and provide proof of this to the Economic Development office on an annual basis for the duration of the funding agreement
- ✓ Agree to request a property disclosure statement from the seller for any property for which an offer to purchase is made
- ✓ 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

Ineligible Homes

- Mobile homes
- Homes with revenue properties included (ie. basement suite, secondary suite)
- Homes exceeding a purchase price of \$250,000
- Homes with fewer than 2 bedrooms
- Homes located outside Brandon, MB

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.



I qualify, what do I do now?

First: Obtain a mortgage pre-approval

Second: Contact Deb Day to schedule a program consultation meeting. Takes approximately one hour. The primary applicant must attend and the co-applicant is encouraged to attend.

Third: Complete your Home Buyer Assistance Program application and attach all required supporting documents.

Fourth: Submit your completed Home Buyer Assistance Program application before the deadline of 5 p.m. on October 13, 2020.

If you have questions, please contact Deb 204-729-2132 or email econdev@brandon.ca.



Application Form

Mail or bring your completed application package to:

**Economic Development Brandon, City of Brandon
Main Floor of City Hall, 410 - 9th Street, Brandon, Manitoba, R7A 6A2**

Please note the completed application must be received prior to the stated deadline.

Please 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 October 13, 2020 and applicants will receive notification of the results within 30 days.

When reviewing the Home Buyer Assistance Program eligibility criteria and funding agreement, information will be provided in English. If you require interpretation services to understand the program and your responsibilities, if approved, please select yes below and list the language you wish to have an interpreter for.

I require Interpretive Services Yes No

If you select yes above, please list the language you wish the interpreter to speak in:

1. APPLICANT INFORMATION	
Primary Applicant (highest income)	Co-applicant (if listed on the mortgage preapproval letter)
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)	PHONE NUMBER(s)
Home	Home



PHONE NUMBER(s) Work Cell	PHONE NUMBER(s) 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 (18 years or older) 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 YOUR CURRENT HOME FOR FEWER THAN THREE YEARS, PLEASE COMPLETE THE FOLLOWING:

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

CHECK ALL THAT ARE APPLICABLE

- I am Indigenous/have Indigenous ancestry
- My family has at least one member with physical special needs
- I am a first time homebuyer
- I am Canadian Citizen or a Permanent Resident



2. AGREEMENT TO TERMS	
I do not currently own a residential property nor do I have a vested interest in a residential property.	Applicant Initial
	Co-applicant initial
I agree to supply a mortgage pre-approval from National Housing Act approved lender.	Applicant Initial
	Co-applicant Initial
When asked, I agree to participate in Home Buyer Assistance Program promotional 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 have the home I intend to purchase inspected by a certified member of the Canadian Association of Home and Property Inspectors of Manitoba (CAHPI Manitoba), and/or the International Association of Certified Home Inspectors (NACHI) at my own cost on resale homes or any new homes that do not offer a New Home warranty. This inspection should not occur until you have final mortgage approval.	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 Home Buyer 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.

X _____
Applicant Signature

X _____
Co-Applicant Signature

4. EMPLOYMENT INFORMATION

Primary Applicant (Highest Income)	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 information until 5 years of work history is listed:

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. *GROSS MONTHLY INCOME (AS PER YOUR LETTER OF EMPLOYMENT)		
Please check all that apply	Primary Applicant (enter applicable amount)	Co-applicant (enter applicable amount)
<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 \$ _____
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, savings accounts and investment accounts below for the applicant, co-applicant and/or spouse or partner of the applicant if applicable.

Note: The most recent last three months statements for all chequing and savings accounts must be submitted with your application.

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 and/or Spouse/Partner
Name and Address of Bank or Credit Union <hr/> <hr/> <hr/>	Name and Address of Bank or Credit Union <hr/> <hr/> <hr/>
Account type (chequing, savings, investments, etcetera) <hr/> Account Balance \$ _____	Account type (chequing, savings, investments, etcetera) <hr/> Account Balance \$ _____



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



9. DEBT	
Below please provide information on all items that you and if applicable the co-applicant and/or spouse or partner owe money for.	
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 \$ _____
Credit Card: Unpaid balance \$ _____ Months left to pay _____	Monthly payment \$ _____
Furniture/electronics: Store name: _____ Unpaid balance \$ _____ Months left to pay _____	Monthly payment \$ _____
Maintenance/child support payment	Monthly payment \$ _____
Student Loans	Monthly payment \$ _____
Medical Costs (braces, etc.)	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 completing 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"/> If approved for funding, 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>If approved I/we will provide Social Insurance Number (SIN) card and proof of birthdate (<i>a driver license, a permanent resident card or birth certificate</i>) to be copied for my/our file</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)