AFFORDABLE HOUSING GRANT PROGRAM APPLICATION FORM

PROPERTY & CONTACT INFORMATION Civic Address: Building Permit #: Property ID (PID): Applicant Name: Email Address: Phone: Mailing Address: Postal Code: I am applying on behalf of a registered: ☐ Non-Profit Organization ☐ Corporation Non-Profit Organization/Corporation: Preferred Method of Contact: ☐ Email ☐ Phone Are you the legal owner of the property? ☐ Yes ☐ No – Please indicate the legal owner's contact information below Owner: Email Address: Phone: Mailing Address: Postal Code: _____ TO BE COMPLETED BY PROPERTY OWNER Are you currently in good standing with the City of Saint John, meaning you have no unpaid taxes, water/sewage fees, or outstanding property-related by-law violations? ☐ Yes ☐ No Owner's printed name Owner's signature DD/MM/YYYY

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PROJECT DESCRIPTION:	
Number of Units:	
Number of Affordable Units:	
Cost of Construction:	
Cost of Construction Prepared by:	
Describe the Project, including the target population, duration of affordable unit	s (years), and any community partners:
PROJECT INNOVATION DESCRIPTION: Please provide a description for how your project will meet one or more bonus e supporting documents are to be provided after project completion. All bonus critic completion. Supporting documentation is required.	=
FEDERAL/PROVINCIAL FUNDING PARTNERS	
Please describe which funding sources you are pursuing through Federal/Provincial required to provide proof of funding sources through the Province of New Brunswick' CMHC Funding Program is required.	

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AFFORDABLE HOUSING GRANT APPLICATION CHECKLIST

Please ensure your application is comple	ete and includes the following supporting docu	ments:
☐ Signature of the applicant and	u have not obtained a building permit, please ir ew Brunswick or CMHC	
SIGNATURES		
I hereby request that this application be Community Services Department of The	considered under the <i>Affordable Housing Gra</i> City of Saint John.	nt Program Policy of the Growth &
By signing below, I certify that all inform	ation included on this application form is truth	ful and accurate.
Applicant's printed name	Applicant's signature	DD/MM/YYYY

General Collection Statement

This information is being collected in order for the City of Saint John to deliver an existing program/service; the collection is limited to that which is necessary to deliver the program/service. Unless required to do so by law, the City of Saint John will not share your personal information with any third party without your express consent.

The legal authority for collecting this information is to be found in the Municipalities Act and the Right to Information and Protection of Privacy Act.

For further information or questions regarding the collection of personal information, please contact the Access & Privacy Officer.

City Hall
15 Market Square
Saint John, NB E2L 1E8
commonclerk@saintjohn.ca (506) 658-2862