

Development permit number \_\_\_\_\_  
(Approval of permit required before proceeding)

Proposed development

- new property ► construction with a secondary suite
- existing property renovation ► to include a secondary suite
- existing secondary suite renovation ► to conform to County bylaws and the Alberta Building Code

Property address \_\_\_\_\_ Subdivision \_\_\_\_\_

Legal description Lot \_\_\_\_\_ or Condo unit \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_  
(if applicable) Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian 4

Applicant name(s) \_\_\_\_\_ Contact name \_\_\_\_\_  
(If different than applicant)

Applicant address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate phone \_\_\_\_\_ Fax \_\_\_\_\_

Will you receive or have you previously received assistance for the property to be renovated under any other housing program?  no  yes ► program \_\_\_\_\_

- I hereby confirm that I am the owner of the said property.
- 2 written cost estimates are attached (see next page for sample template).
- I acknowledge that:
  - a) I must expend 100% of required owner contribution prior to receiving any County grant funding,
  - b) I must make available for rent the suite to a household earning less then 80% the median income\* for their household size in Strathcona County for a period of 5 years,
  - c) I must not charge a monthly rental rate for the suite that is in excess of 85%\*\* of Canadian Mortgage and Housing rates for Strathcona County,
  - c) I will notify the County of any and all building ownership or suite occupancy changes throughout the 5 year term,
  - d) this application does not obligate Strathcona County to approve funding, and
  - e) I understand the term and conditions that shall govern any funding that may be approved and I will enter into an operating agreement with Strathcona County.
- I consent to Strathcona County and/or it's delivery agent:
  - a) carrying out any necessary inquiry and disclosing and using any information provided to me in this application for the purposes of determining my eligibility,
  - b) disclosing and using any information provided to me in this application to Strathcona County for the purpose of conducting evaluations on the Secondary Suite Grant Program, and
  - c) conducting an inspection of my property for the purpose of determining my eligibility and verifying completion of work.
- I hereby certify and declare that all the information contained in this application is true and complete in every respect.

\_\_\_\_\_  
Signature - owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - co-owner (if applicable)

\_\_\_\_\_  
Date

**Collection and use of personal information**

The personal information is being collected under the authority of the Municipal Government Act (S.3) and the Freedom of Information and Protection of Privacy Act (S.33), (FOIP) and is protected by the privacy provisions of this Act. This information is necessary to process this application for grant funding. If you have any questions about the collection and use of your information, contact the Strategic Initiatives Officer at 780-464-8230.

\* The County will inform the applicant of the 80% median income threshold. It is the responsibility of the applicant to inform the County that the occupant is earning less than 80% of the median income for their household size.

\*\* The County will inform the applicant of the Canadian Mortgage and Housing Corporation's annual market rents for Strathcona County.

