

\$320.00 Application Fee for grants less than or equal to \$12,500 \$1,090.00 Application Fee for grants greater than \$12,500 to accompany application

NOTE: IF THE PROPERTY ASSESSMENT IS UNDER APPEAL, AN APPLICATION WILL NOT BE ACCEPTED

BARTON / KENILWORTH TAX INCREMENT GRANT PROGRAM APPLICATION FORM

IMPORTANT PROGRAM INFORMATION

- 1) An estimate of the post-development assessment for the planned redevelopment, prepared by the Municipal Property Assessment Corporation (MPAC), and undertaken at the applicant's expense, will be required to be submitted to the City except where the planned development is one of the following:
 - a) a residential rental building containing six (6) or less units;
 - b) a residential-only condominium development of any scale; or
 - c) a mixed-use building containing residential condominiums and commercial uses provided the commercial uses are limited to the first two (2) storeys of the building.

Applicants must contact MPAC directly to initiate and complete the estimate.

In order for estimates to be accepted by the City, Applicants must advise MPAC that the estimate will be provided to the City of Hamilton, and as such, must include any necessary clauses to ensure the estimate can be provided to, and used by, the City for the purposes of this application, including in public reports to City Council.

- 2) Where a site contains existing, occupied residential rental units at the time an application under this program is submitted to the City, please be advised that notification will be provided, by the City, to the occupied units that an application has been made under this program. Where an application is subsequently approved, occupied units will be further notified of the value of any incentive to be provided by the City and the nature of improvements/work that the incentives are intended to facilitate, where applicable.
- 3) An approval under this program may be subject to requirements which limit potential Above Guideline Increase requests to the Landlord and Tenant Board for residential rental units occupied at the time an application is submitted to the City. Please see the Program Description for further information.

APPLICANT/AGENT INFORMATION NOTE: APPLICANT MUST BE REGISTERED OWNER OF PROPERTY

Registered Property Owner:	
Contact Name:	
Address:	
City and Postal Code:	
Telephone:	
Cell Phone:	
Email:	
If Corporation or Partnership, include Articles of Incorporation or Partnership Agreement (if applicable) and current Officers/Directors	
Names of Registered Shareholder/Partners (Include Shareholder Registry):	
Are you or any of the Directors/Shareholders/Partners in Litigation with the City of Hamilton?	

PERSONAL (TO BE COMPLETED IF PROPERTY OWNED PERSONALLY)		
Applicant's Name:		
Address:		
Telephone		
Cell Phone:		
Email:		

PROPERTY INFORMATION		
Property Address(es), Assessment Roll Number(s), of Property(s)		
Current Use of Property:		
Proposed Use of Property:		
Description of Proposed Development/Redevelopment:		
Estimate of work to be Performed: Please include project pro-forma or other documentation which shows cost of work		

	At the time of the submission of this application to the City of Hamilton, do any of the improvements for which the grant is being sought apply to existing residential rental units?		
Y	/es No		
/rend	, proceed to question asking "How many square meters of residential space will be constructed ovated as a result of this application? How many residential units will be constructed renovated as a It of this application?"		
16	s, please answer the following questions:		

1. Has the existing building has been entirely vacant for at least two years prior to this program application being submitted to the City (not including periods of vacancy due to renovations)?

__ Yes __No

2. Have any tenants been displaced as a result of the planned renovations? ___ Yes ___No

3. Has the project been approved for financial assistance under a Canada Mortgage and Housing Corporation (CMHC), Federal, Provincial or City program for the purposes of creating residential rental housing to address housing affordability in the city? ___ Yes ___No

4. Is the property owner and program applicant a registered not-for-profit organization? ___ Yes ___ No

Please provide further details if necessary:

If Yes, please identify the address and unit numbers of the occupied units

How many square meters of residential space will be constructed /renovated as a result of this
application? How many residential units will be constructed renovated as a result of this application?

How many square meters of commercial space will be constructed /renovated as a result of this application?

Will this project result in the creation of new jobs within the City of Hamilton? If yes, how many full time and part-time jobs will be created?	
Legal Description of Property:	
Will a Plan of Condominium be Registered?	
NOTE: IF YOU APPLY FOR THE PROGRAM CONFIRMING THAT THE PROJECT WILL BE A CONDOMINIUM IT WILL BE FORWARDED TO CITY COUNCIL AS A CONDOMINIUM PROJECT. IF, ONCE THE PROJECT IS COMPLETE, CONDOMINIUM REGISTRATION DOES NOT TAKE PLACE, THE GRANT WILL BE CANCELLED.	
<i>If yes</i> , please provide the anticipated sale prices for the units. For mixed-use developments, please separate between the Residential and Non- Residential units (Retail, Office, etc.). Also, if applicable, identify the anticipated sale price for each parking space. <i>If a Plan of Condominium will</i>	
<u>not be registered</u> , please provide:	
1. the number of units	

2.	gross leasable area
3.	anticipated rent for each unit
please Reside Reside Office, and Re	xed-use developments, separate between the ntial and Non- ntial units. (Retail, etc.). Where both Office tail exist, please further te between both.
docume aforem	attach supporting entation for the entioned (Price list, Pro- Appraisal, etc.)
Propos applica	ed Demolition Date (if ble):
	of Property (to be ed if available)

OTHER INFORMATION (TO BE COMPLETED BY ALL APPLICANTS)

Addresses of other properties in the City of Hamilton Boundary owned by the Applicant. If the application is from a Partnership or Corporation include addresses of properties owned by the Partnership or Corporation.

Note: This information is being collected to determine if there are any outstanding taxes owed to the City of Hamilton.

Applicant/ Partnership/ Corporation Name	Street Number and Name	City (i.e. Hamilton, Stoney Creek, Waterdown, Dundas, Binbrook)
	_	
	_	

CRIMINAL OFFENCE:

Have you been convicted of an	y criminal	offence for which	you have not been granted a
record suspension or pardon?	Yes 🛛	No 🗖	

For applicants that are Corporations, this question must be answered for all principals of the Corporation.

Please note that if the answer is "**yes**", submission of a criminal conviction record check may be required.

SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT CERTIFICATION DATE OF APPLICATION SUBMISSION AND PERMISSION TO UTILIZE PHOTOGRAPHS OF THE PROPERTY IN THE CITY OF HAMILTON'S PROMOTIONAL MATERIAL

I, _____, certify that answers and information I have provided in this application are true and complete, including my answer to the question of whether or not I (or the principal(s) of the Corporation) have been convicted of any criminal offence for which a record suspension or pardon has not been granted.

I also give permission to the City of Hamilton to utilize photographs of the property in the City of Hamilton's promotional material.

Applicant's Signature

Date

CONSENT OF THE PROPERTY OWNER

Complete the consent of the property owner concerning personal information set out below.

CONSENT OF THE PROPERTY OWNER TO THE USE AND

DISCLOSURE OF PERSONAL INFORMATION

I, ______, am the owner of the land that is the subject of this application and I hereby authorize, and consent to, the use by, and the disclosure to, any person or public body of any information, including personal information that is collected for the purposes of processing this application. I also give permission to the City of Hamilton to utilize photographs of the property in their promotional material.

Name of Property Owner (please print)

Signature of Property Owner (with proper signing authority)

Date

Owner's Information:		
Mailing Address:		
City:		
Postal Code:		
Telephone (H):		
Telephone (B):		
Cell Phone:		

DOCUMENTS/INFORMATION REQUIRED WITH APPLICATION

- ___ Completed Application
- ___ Payment of Application Fee
- ____ Articles of Incorporation including current list of Officers and Directors (if applicable)
- ____ Articles of Amendment (if applicable)
- ___ Shareholder Registry
- ____ Partnership Documents and list of partners (if applicable)
- ____ Explanation of Planning/Building Status i.e. Site Plan
- ___ Pro-forma for the project
- ____ Appraisal Based Upon Value of Completed Project (performed by an A.A.C.I) to include replacement cost; dated within 6 months of the date of application and addressed to the City of Hamilton (if available)
- ____ Other revenue to be derived from development (e.g. parking revenue or sale of parking stalls)
- ____ Photos of site prior to start of construction/renovation. Photos are to be date stamped.
- ____ Certified true copy of a resolution of the Board of Directors of the Owner (certified by an officer of the corporation) that authorized the Grant Application.
 - Anticipated start date for construction

Please note the above information/documentation form part of a completed application (unless deemed to be non-applicable by the City. The City reserves the right to reject any incomplete application.

The information on this form is collected under the legal authorities provided in the *Municipal Act, 2001*, the *Municipal Freedom of Information and Protection of Privacy Act* and the *Planning Act* and will be used primarily to determine grant eligibility. If you have any questions about the collection of this information, please contact the Co-ordinator of Urban Renewal Incentives, Commercial Districts and Small Business Section, City of Hamilton Planning and Economic Development Department, 71 Main Street West, 7th Floor, Hamilton, Ontario L8P 4Y5, 905-546-2424 x2755.