

## MUNICIPAL MATCHING RENTAL CONSTRUCTION **PROGRAM APPLICATION**

## Attach documents to support your application

Send the following documents to our office so that we may assess your eligibility for the Municipal Matching Rental Construction Program. Incomplete or missing documents will delay your eligibility assessment.

Proof of ownershi	o:
☐ Property tax bi of last year's ta	II: include a copy of the current tax bill for your property and a copy of a receipt for payment x bill.
☐ A copy of insu	rance policy covering the building during the construction phase.
☐ Certified copy	of Certificate of Title.
☐ Copy of Develo	opment Permit and administrative report.
☐ Copy of photo	graphs of land before work is started.
Return form to us	
Submit a completed	application form to Yukon Housing Corporation by using either of the following methods:
Mailing address:	Yukon Housing Corporation

410 Jarvis St.,

Whitehorse, YT,Y1A 2H5

867-667-3664 Fax number:





## MUNICIPAL MATCHING RENTAL CONSTRUCTION PROGRAM APPLICATION

Date of request: YYYY/MM/DD

Personal information						
Applicant						
Given name	Middle name	Family name				
Full legal name (if different)			Date of birth			
Business name and ID number (if applicable)						
Co-applicant						
Given name	Middle name	Family name				
Full legal name (if different)			Date of birth			
Business name and ID number (if applicable						
Contact information						
Mailing address (street number, street	eet name, P.O. box)	City/town/community	Postal code			
Phone (home)	Phone (work)	Phone (cell)				
Email (applicant)		Email (co-applicant)				
Property information						
Legal land description: Lot: Street address	Block:	Plan:				
Are you the registered owner of the property?						
Have you, or your business, ever received loans or grants in the past from YHC?						

Personal information is collected directly under Section 15(c)(i) and indirectly under Section 16(2)(a) of the Access to Information and Protection of Privacy Act, for the purposes of determining eligibility for funding. For further information, contact the Director, Finance and Risk Management Branch at (867) 667-5712, toll free, within Yukon 1-800-661-0408, or in person at 410 Jarvis Street, Whitehorse YT, Y1A 2H5.

YG(6247EQ)F3 Rev.12/2023 Page 2 of 3

Project information				
Description/scope of project (attach s	separate pages as necessary):			
Date of approved Development Perm	it issued by jurisdiction having	authority:		
Proposed number of units:		Proposed rental rate:		
Total estimated cost of the project:	\$	^Optional (not required for program)		
Total Municipal Matching Funding:	\$			
Total request of grant funding:	\$			
Information on who is doing the work	(project manager, contractor, t	rades, self, etc.):		
Declaration/consent				
<ul> <li>I certify and declare that all the info</li> <li>I am aware that the discovery of an</li> </ul>	y false statements made in the	eation is complete and accurate in every respect.  application may result in the cancellation of this ation will be without penalty or liabilities for damages		
	work started before getting ap	proval in writing from Yukon Housing Corporation		
<ul> <li>I give permission to YHC, or autho for any of these reasons:</li> </ul>	rized representatives, to use a	nd disclose any of the facts given in this application		
<ul> <li>To collect any amount ow</li> </ul>	ring to YHC;			
To confirm eligibility for program funding;				
<ul> <li>For research purposes to assess the effectiveness of the program; and</li> <li>For audit purposes.</li> </ul>				
I understand that YHC may perform		performed has been completed, and that if a visit stween YHC and the applicant, and for audit purposes.		
<ul> <li>I understand that this application of</li> </ul>	does not obligate YHC to appro	ove program funding.		
Resident(s) as part of my/our applic are granted a grant based on this d	cation. I am / we are aware that leclaration, I/we may be prosec	We make this declaration that I am a / we are Yukon if any part of this declaration is untrue, and I am / we uted. "Yukon Resident" means a person who makes or to signing this agreement/declaration.		
Signature authorization				
		YYYY/MM/DD		
Applicant name (print)	Applicant signature	Date		

Co-applicant signature

Co-applicant name (print)

YYYY/MM/DD

Date