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| OFFICE USE ONLY |
| DATE: _____ |
| FILE NO. _____ |

TAX INCREMENT EQUIVALENT FUND (TIEF) APPLICATIONS

1. APPLICANT INFORMATION

Registered Owner _____ Tel. No. _____

Address _____ Postal Code _____

Email Address _____

Owner's Authorization Letter (please complete the attached Property Owner Consent Form if the applicant is not the owner).

Name of Applicant (if different from the owner) _____ Tel. No. _____

Address _____ Postal Code _____

Email Address _____

Is the owner/applicant a non- profit charitable organization? Yes No

Are you partnering with a non-profit organization (please include an explanation of your organization or any partnerships in your cover letter) Yes No

Name of Agent, Solicitor or Consultant (if different from the applicant)_
_____ Tel. No. _____

Address _____ Postal Code _____

Email Address _____

2. PROJECT INFORMATION

Municipal Address (es) _____

Legal Description (Lot/Conces s ion /Registered Plan Numbers) _____

PIN (s) (Property Identification Number) _____

Assessment Role Number (s) _____

Lot Area (hectares) _____

Project sites shall not be located on lands subject to flooding hazards, erosion hazards, including wetlands.

- Is the Property affected by the Regulation limits of the Conservation Authority?

SVCA No

Projects eligible for the TIEF include purpose-built, multi-residential medium and high-density housing. Projects can be standalone residential development or mixed-use.

- I confirm that the project will be operated as a purpose-built rental building where there is a landlord-tenant relationship, and tenants are recognized by the Residential Tenancies Act.

Total number of residential units (Please include details regarding the proposed unit types in your cover letter)

Total number of affordable housing units proposed (Affordable housing means units rented at the rates identified in the most recent Development Services Housing Bulletin.) Please include further details about any proposed affordable housing in your cover letter.

Proposed gross floor area (GFA) (Please include details regarding the proposed uses of any non-residential spaces in your cover letter)

| | |
|---------------|----|
| Residential | m2 |
| Commercial | m2 |
| Industrial | m2 |
| Institutional | m2 |

Projects must have received Site Plan Control approval. An application for the TIEF must be submitted at the time a building permit application is made. Applications for the TIEF can be accepted after building permit issuance but must be received prior to the issuance of an occupancy permit by Building Services.

- Site Plan Agreement (SPA)

Application/File Number: _____

Date SPA is registered on title: _____

Instrument Number: _____

Building Permit

Application number(s): _____

Submission date: _____

Estimated project value: \$ _____

Anticipated construction and occupancy timelines:

 I confirm that I have not been granted any occupancy permits for this project yet.

3. FINANCIALS

Please list all other funding sources/grants you have obtained or applied for (please include any details/explanations regarding funding sources in your cover letter).

- I acknowledge that the total combined funding from all grant sources/government funding (e.g. Canada Mortgage and Housing Corporation (CMHC) funding, Municipality of Brockton CIP funding, etc.) cannot exceed eligible costs.

To be eligible for a TIEF, the property under consideration shall not be in a position of property tax arrears or shall have a payment schedule acceptable to the Chief Financial Officer at the time of application.

I confirm that the subject property taxes are in good standing.

4. AGREEMENT REQUIREMENTS

If awarded a TIEF, an agreement between the Municipality and the owner (registered or assessed owners of lands/buildings) will be required, which will set out the terms, duration, and default provisions of the incentive(s) to be provided; this will be registered on title of the subject lands. The Municipality may discontinue or rescind any financial incentive where there is not compliance with an executed agreement.

- I acknowledge and agree to enter into a legal agreement with the Municipality regarding the terms of any awarded TIEF and agree to cover any costs associated with registering the agreement on title.

If awarded a TIEF, the grants will only be provided after the improvements to the property are complete and after the reassessment of the property by the Municipal Property Assessment Corporation (MPAC) has demonstrated an increase in the assessed value of the property. It is the responsibility of the Owner to contact the

Municipality following the issuance of a Property Assessment Change Notice from MPAC following development/redevelopment.

I acknowledge and agree that I will provide the Municipality following the issuance of a Property Assessment Change Notice from MPAC.

5. COVER LETTER

A cover letter that includes an overview of the proposed project and the project team (construction team and rental operation/management team) must be included with this application. Please ensure that your cover letter also includes the following information, as applicable (as noted above in this application form):

- An explanation of your company/organization (for-profit, non-profit or charitable) and any partnerships with any other companies/organizations.
- Details regarding the proposed residential unit type (GFA/size, number of bedrooms, accessible units, etc.) breakdown
- Details regarding proposed rental rates, including how many units, if any, will be affordable housing units rented at the affordable rates identified in the most recent Development Services Housing Bulletin.
- Details regarding the proposed uses of any non-residential spaces, such as commercial, institutional and community spaces.
- Details/explanations regarding other funding sources/grants you have obtained or applied for, including amount, timing and who awarded it

I confirm that I have included a cover letter with my application that addresses all of the above

6. CONSENT OF THE OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

I _____ am the owner of the land that is the subject of this Community Improvement Plan (CIP) Tax Increment Equivalent Fund (TIEF) application and for the purpose of the Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing this application.

I hereby apply for a Tax Increment Equivalent Fund (TIEF) under the Municipality of Brockton Housing Community Improvement Plan. I/We agree to abide by the conditions of the grant program.

I hereby certify that the information given herein is true, correct, and complete in every respect and may be verified by the Municipality of Brockton.

Signature of Registered Owner(s)/Applicants

Date of Application

Signature of Registered Owner(s)/Applicants

Date of Application



Municipality of Brockton
100 Scott Street, P.O. Box 68,
Walkerton, Ontario,
N0G 2V0
(519) 881-2223

Owner Authorization - Planning Applications (Property Owner Consent Form)

| | | | | |
|------------------------------|---|--|----------|-------------|
| I, | <input type="checkbox"/> Property Owner | <input type="checkbox"/> Delegated Official with Signing Authority | | |
| First Name / Last Name | (Select one) | | | |
| Company Name (if applicable) | | | | |
| of, | | | | |
| Street Address | Unit # | City or Town | Province | Postal Code |
| Telephone No. | Email | | | |

hereby give permission to:

| |
|------------------------------------|
| Applicant - First Name / Last Name |
| Company Name (if applicable) |

| |
|---|
| Authorized Agent - First Name / Last Name |
| Company Name (if applicable) |

to act as my authorized agent to apply for an application(s) for:

| | | | | |
|----------------|--------|--------------|----------|-------------|
| Street Address | Unit # | City or Town | Province | Postal Code |
|----------------|--------|--------------|----------|-------------|

If there are any changes in the above information and/or I wish to withdraw this authorization, I must notify the Municipality of Brockton in writing.

| | |
|--|------|
| Owner Signature (I have the authority to bind the corporation, where applicable) | Date |
|--|------|