

Habitat Sarnia/Lambton TINY HOME PROJECT AN OVERVIEW

In May of 2026, Habitat Sarnia/Lambton will break ground on a 5-unit affordable tiny housing project at 236 Christina Street South in Sarnia. These five 384-square-foot one-bedroom, housing units will be purpose-built to exclusively house Sarnia/Lambton individuals or small families in decent and affordable housing. Habitat Sarnia/Lambton will look after all external maintenance of these units including grass cutting and snow removal as well as external repairs and maintenance to the building. Each homeowner will be responsible for the interior maintenance of their home.

Once built, each of the units has been assessed for their fair market value. That assessed value will become the selling price. There is no down payment required. Qualified homeowners will be required to make affordable, geared-to-income monthly payments to Habitat. Homeowners are responsible for paying their annual property taxes (paid annually by Habitat and repaid by homeowners as part of monthly payments). Homeowners are also required to pay for their own property insurance and other household expenses, and utilities.

This is not a condo. Each unit will have its own services. A non-transferable mortgage will be generated and signed by you and by Habitat.

These Tiny Homes will come furnished with a trundle couch, double bed frame, dining table and two chairs, fridge, stove, washer, and dryer. The furniture design will allow for proper movement in the space available.

*Our goal is to house individuals for under 750.00 monthly plus utilities.

Interested? Read on for details on our Application.





IMPORTANT INFORMATION Please read before you complete this Application

Thank you for your interest in becoming a Habitat for Humanity Sarnia/Lambton homeowner.

Many people mistakenly believe that Habitat for Humanity gives homes away. That is not true. We are an international, non-profit organization which builds simple, affordable homes for people in need. We use corporate and community sponsorship dollars, donations and volunteer labor to build our homes. We then sell our homes to qualified families. Habitat for Humanity holds the mortgages on the homes we sell. We do not charge our homeowners interest. We offer our Habitat homeowners geared-to-income monthly payments.

Before you complete this Application, please consider the following seven important questions. If your answers to all of the questions below is "yes", we encourage you to complete this Application.

- 1. Are you currently renting?
- 2. Is the gross annual household income (from all sources) of the person/people who will live in this home at least \$20,000?
- 3. Is the maximum gross annual household income of the person/people who will live in the home less than \$68,000?
- 4. Are you struggling with some aspect of your current rental housing? (i.e. it is unsuitable, unsafe, unhealthy)
- 5. Is your debt low?
- 6. Would you be willing to partner with Habitat Sarnia/Lambton to become a homeowner? [In this case "partner" means that you would be willing to attend Tiny Home workshops and to volunteer 500 hours of your time in support of Habitat]
- 7. Is your family size no greater than 3?

Once you have completed this Application, you can drop it off at our office or mail it to: Habitat for Humanity Sarnia/Lambton, 1787 London Line, Sarnia, ON. N7T 7H2 - ATTENTION: SHELBY THOMAS



Thank you for your interest in becoming a Habitat homeowner! Application for Homeownership

Please complete all areas of this Application. Missing information may delay processing. Note you will be required to provide a proper credit check to verify the validity of your financial information. If you get stuck on any of the questions, we are here to help! Call David Waters at Habitat for Humanity Sarnia Lambton at (519) 339-7957 extension #222.

Part A – Family Infor	mation				
Person #1 Name (Please Print)		Age	Iden	tify as	Telephone Numbers
Traine (Fredse Francy		7.80		, as	Primary:
					Other:
Person #2 Name (Please Print)		Age	Ideni	tify as	Telephone Numbers
Traine (Flease Filing)		7,80	Tuent	iny us	Primary:
					Other:
Person #3					
Name (Please Print)		Age	Iden	tify as	Telephone Numbers Primary:
					Other:
Coverat Mailing Address (Dlassa Drint)		Dantal C		٨٠٠٠	1
Current Mailing Address (Please Print)		Postal C	oae	Are	e you a Canadian citizen or Landed Immigrant?
					Yes No
Part R — Housing Info	rmation				
Part B – Housing Info		NI -			
Do you own your own home?	Yes	No			
Do you own property?	Yes	No			
Are you currently renting:	Yes	No			
You currently live in a:	Detached h	ome	Semi-de	tached	home Townhouse Anartment



Is there anything about your current housing which affects your health	& safety? [i.e. fau	lty wiring, falling
plaster, no fire exists, mold?] Yes No		
lf your answer was "yes", please provide details below		
Is there anything about your current housing that is inadequate for	or your needs? [i.	e. poor heating
or ventilation, stairs, tripping hazards?] Yes No _		
If your answer was "yes", please provide details below		
Do you have a health problem, disability or mental health issue	that is affected b	y your current
housing? Yes No		
If your answer was "yes", please provide details below		
DI 19 19 19 19 19 19 19 19 19 19 19 19 19		
Please list the places you have lived in the past five (5) years.		
Print Addresses	From (Date)	To (Date)



What is the amoun	t of you	ır rent ea	ach month? \$			
Please share what y	ou are	paying i	n utilities each mor	nth.		
Bluewater Power	\$	Te	lephone \$	Cable/Inter	net \$	
Home/Rental Insur	ance \$_		Enbridge \$	Other \$		
Are all payments fo	r the ab	oove up	to date? Please cire	cle either Yes	or No	
Bluewater Power Cable/Internet		No No	•			lge Yes No
Do you have a mon	-		_	No		
		Нс	ousehold Expense			Amount Budgeted
Do either of you cu	·			car insurance		No



Are you currently employed?		Person #1 Person #2 Person #3	Yes Yes Yes	No			
If the answer for either of the	e above is 'Yes', please	provide details.					
Person #1							
Name of Current Employer:							
Employer's Address:							
Your Job Title:							
Length of Employment:		Hrs. W	orked/Week:				
Annual Salary:	Hourly Rate:	How o	ften are you բ	paid?			
Person #2							
Name of Current Employer:							
Employer's Address:							
Your Job Title:							
Length of Employment:		Hrs. Worked/Week:					
Annual Salary:	Hourly Rate:	Hourly Rate: How often are you paid?					
Person #3							
Name of Current Employer:							
Employer's Address:							
Your Job Title:							
Length of Employment:		Hrs. V	Vorked/Week	:			
Annual Salary:	Hourly Rate:	How	often are vou	naid?			



Part C – Financial Information

Income from all sources.

Income So	urce				Person #1		Person #2
Employment Earnings							
Employment Insurance							
Old Age Pension (or Supplement)							
Canada Pension Plan (CPP)							
Pension(s) from previous Em	ploye	ers					
Disability Pension (GAINS-D or	DVA)						
Guaranteed Annual Income S	Suppl	ement (GAINS –S)					
Insurance Payments (from Far	nily or	Accident Insurer)					
Workers' Compensation							
Investment Income (monthly i	nteres	t earned)					
Guaranteed Investment Cert	ificat	es (GIC's)					
Income from Investment Pro	perti	es					
Stocks, Bonds, Debentures							
RRSP's RRIF's or TFSB's							
Other Investment Income							
Any/all other Income							
		то	TAL				
Current Chequing Account B	alanc	 e					
Current Savings Account Bala							
5							
Assets							
Please list all of your assets (veh	icles, _ا	property, recreation					
Asset	Curr	ent Value	Owned Yes or I		If not owned, who is the Credit	or?	Balance Owing
rissec	Curr	che value	165011		Wile is the create	<u> </u>	Bulance Swing
Debts							
Please list all of your debts below		_			•		
Important Reminder: Habitat Sa	ırnıa/L						
Description of Debt		Name of Credito	r	I N	Ionthly Payment	Cui	rrent Balance



Please list any other regular payments that you make (i.e. to your children or grandchildren, other family member or friend)

	Monthly P	ayment Amount
Yes	No	Year
t a debt of yo	urs has beei	n sent to a Collection
		No
noney? Yes	s No	o
	ast two (2) yea	Yes No t a debt of yours has been ast two (2) years? Yes



Part D – Legal (Over the age of 65)

	Person #1	Person #2	Person #3
Do you currently have a Medical Power of Attorney in place?	Yes	Yes	Yes
	No	No	No
Would you be willing to secure one as a condition of	Yes	Yes	Yes
homeownership?	No	No	No
Do you currently have a Legal Power of Attorney in place?	Yes	Yes	Yes
	No	No	No
Would you be willing to secure one as a condition of	Yes	Yes	Yes
homeownership?	No	No	No

Part E - References

Please list the names of three references who are NOT FAMILY MEMBERS.

Name	Contact Information (Address & Telephone #)	Relationship

Part F – Community Service

List any activities or volunteer work that either of you currently do in our community.

Name of Organization	Describe your Activity	How often?

