



## Collingwood Housing Incentive Pilot Program (CHIPP) Application Form

**Town of Collingwood  
Planning Services**

Phone: 705-445-1030

Email: [chipp@collingwood.ca](mailto:chipp@collingwood.ca)

### 1. Application Stream

Select the type of application:

- Stream 1: Affordable Additional Residential Units
- Stream 2: Affordable Multi-Unit Rental Units

### 2. Applicant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company or Organization Name (if applicable) \_\_\_\_\_

Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Please check the box that most accurately describes the lead applicant:

- Housing non-profit, not-for-profit or similar entity (including charity)
- For-profit company
- Landowner, not a registered business or organization

Are you applying on behalf of multiple organizations as the lead?  Yes  No

If yes, what other organizations are you collaborating with?



### 3. Registered Property Owner Information:

Is the registered owner the same as the lead Applicant or project partners in Section 2 above?

Yes  No **If No**, please complete the following:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Please provide additional owner information on a separate page, if applicable.**

### 4. Mortgagee/Charge Information (if applicable):

If there are holders of any mortgages, charges or other encumbrances on the subject property, please provide details as follows:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Please provide additional holders for mortgages, charges or encumbrances on a separate page, if applicable.**

### 5. Property Information:

Civic Address, roll number or legal description:

\_\_\_\_\_

Approximate Area (hectares): \_\_\_\_\_ OR (square meters): \_\_\_\_\_

Are there any easements or restrictive covenants affecting the subject property?  Yes  No

If yes, please attach documentation.

## 6. Supporting Documentation

Please include the following supporting documentation:

- Completed Project Information Spreadsheet
- Project Pitch details, including:
  - Overview of proposed project
  - Number of new housing units being created
  - Number of new affordable housing units being offered
  - Type and nature of uses proposed (i.e., residential, commercial, institutional, mixed use)
  - Distance to closest transit route
  - Distance to community resources and services
  - Describe any low-impact, sustainable development features
  - Consideration of community benefits included in the project
  - Consideration for accessible or barrier free design
  - Indicate the mix of housing unit sizes and types
  - Development status and construction timelines
- Site or concept plan for the proposed development or explanation if it is not available
- Any additional supporting documents that you think would be helpful in the evaluation of your application

## 7. Authorization for Application

***The owner(s) of the subject property, as identified in Section 3 of this form, do hereby authorize and appoint the person named below to act as agent for the purposes of this application:***

Name of Applicant: \_\_\_\_\_

Organization or Company Name (if applicable): \_\_\_\_\_

Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Where there are multiple owners of the same property, only one authorized signature is required.**

## 8. Applicant Attestation

We, the undersigned, declare that all information provided in and with this statement is factual and correct and that we have authority to sign on behalf of our organization, if applicable.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

We, the undersigned, acknowledge that this application does not represent a formal procurement process of the Town.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Personal information is collected under the authority of the Municipal Act, 2001 Section 398 (2) for the purposes of selection of applications for grants. Questions about the collection of personal information, use, and disclosure should be directed to the Clerk Services, Town of Collingwood, email: [clerk@collingwood.ca](mailto:clerk@collingwood.ca) or 705-445-1030.