

# Single Detached Home Incentive Program

## PROGRAM DESCRIPTION:

The Town of Fort Smith has launched the Single Detached Home Incentive Program to increase the supply and diversity of housing. This program offers multiple streams of financial incentives for new construction.

### **Base Grant:**

- \$20,000 per qualifying new single detached home.

### **Energy Efficiency Bonus:**

- \$5,000 for homes certified to an energy-efficient standard.
- (e.g.) EnerGuide, Net Zero Ready, etc.

### **Early Completion Bonus:**

- \$5,000 if occupancy is achieved by December 31, 2027.

Total available budget: \$500,000.00

The Single Detached Home Incentive Program is fully funded by the Canadian Mortgage and Housing Corporation / Housing Accelerator Fund provided through the Government of Canada.

The submission of an application does not guarantee funding under the Single Detached Home Incentive Program.

Council may prioritize applications based on affordability, housing type and alignment with the Housing Accelerator Fund's Goals.

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## ELIGIBILITY REQUIREMENTS:

1. Project must be located within Fort Smith.
2. Applicant must be in good standing with the Town of Fort Smith.
3. Applicant must have no outstanding enforcement issues.
4. Contractors must hold valid NWT licenses and Fort Smith business licenses.

## SUBMISSION REQUIREMENTS:

Applications to the Multifamily Housing Construction Incentive Program must include:

- Completed application form.
- Project drawings & cost estimates.
- Ownership or written authorization.
- Contractor information and insurance.
- Evidence of financing or delivery capacity.

Completed Applications should be submitted to [reception@fortsmith.ca](mailto:reception@fortsmith.ca) or brought to Town Hall at 174 McDougal Road, PO Box 147, Fort Smith, NT, X0E0P0.

Inquires can be made to the above address or at +1 (867) 872 – 8400

## ADVANCE PAYMENT OPTION:

Applicants may request up to 50% of the approved grant amount in advance to support upfront construction costs. To qualify for advance payment, you must:

1. Be issued a valid Development Permit;
2. Have a signed Program Agreement;
3. Provide proof of financing or a signed construction contract;
4. Provide a refundable holdback equal to 10% of the total grant amount, returned upon successful project completion.

Projects must be completed within 24 months, or the Town reserves the right to recover the advance (extensions may be granted in writing). The remaining balance of the grant will be issued after:

1. Final inspection and occupancy approval
2. Submission of compliance documentation confirming unit type, occupancy use, and eligibility.



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APPLICANT INFORMATION:		
Applicant Name:		Interest (If not owner):
E-Mail Address:		Telephone:
Mailing Address:		
OWNER INFORMATION (If different than applicant):		
Registered Owner's Name:		
E-Mail Address:		Telephone:
Mailing Address:		
PROJECT LOCATION:		
Civic Address:		
Lot #:	Block #:	Plan #:
Roll Number:		
PROJECT INFORMATION:		
Proposed Start Date:		
Estimated Completion Date:		
<input type="checkbox"/>	<b>BASE GRANT</b> (\$20,000 Per Qualifying New Single Detached Home)	
<input type="checkbox"/>	<b>ENERGY EFFICIENCY BONUS</b> (\$5,000 for Homes Certified to Energy-Efficient Standards)	
Certification Type:	<input type="checkbox"/> EnerGuide	<input type="checkbox"/> Net Zero Ready
	<input type="checkbox"/> Other:	
<input type="checkbox"/>	<b>EARLY COMPLETION BONUS</b> (\$5,000 if Occupancy Achieved by 31/12/2027)	
Anticipated Date:		Occupancy Date:
		Officer Confirmation:
<input type="checkbox"/>	<b>ADVANCE PAYMENT REQUESTED</b> (up to but not exceeding 50% or \$10,000)	
\$		



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## APPLICANT DECLARATION:

I declare that all information submitted is true and accurate to the best of my knowledge, and if approved, the development will commence and be completed in accordance with the terms and conditions of the signed program agreement.

Print Name:

Applicant Signature:

Date:

## PROPERTY OWNER AUTHORIZATION (If different from the applicant):

I, \_\_\_\_\_, the owner of the above property, hereby authorize \_\_\_\_\_ to act on my behalf with respect to this application.

Owner Signature:

Date:

## OFFICE USE ONLY:

Received:	Development Officer:	Advance Amount Requested: \$
	SAO or Delegate Approval:	Date Advance Issued:
	Total Grant Application Amount: \$	Date Final Payment Issued: