2025/26 AHGP Application: Conversion

Applicant Infor	mation
Name of non-pro	fit or charity:
Registration num	
Contact person:	
Contact email:	
Project Details	
Project title: Street address(e	c)·
	s):
If no, please prov	ization own the property? Yes No Vide confirmation from the current property owner that they intend to convey or to your organization. See the required documents section below. of the project:
Total housing un Affordable housi	
_	thing additional included in rents? Select all that apply.
☐ Electricity	☐ Air conditioning
Water	☐ Natural gas
☐ Hot water	☐ Internet
Heat	☐ Support services



Does the project aim to serve any Priority Groups of the National Housing Strategy?			
Select all that apply.			
 Survivors (especially women and their children fleeing domestic violence) Seniors Indigenous peoples People with disabilities 			
People dealing with mental health and addiction issues Veterans 2SLGBTQIA+ Racialized groups			
Recent immigrants (including refugees)			
People experiencing homelessness			
Anticipated start date of construction: Anticipated date of 100% occupancy: Unit Breakdown Shared housing			
Number of rooms:			
Approximate room size (in sqm):			
Individual units			
Total units: Affordable units:			
Studio/bachelor: Studio/bachelor:			
1-bedroom: 1-bedroom:			
2-bedroom: 2-bedroom:			
3+ bedroom: 3+ bedroom:			



Funding	
Total funding request:	
Total funding required	for project:
Confirmed funding	
from other sources:	
Pending funding	
from other sources:	
Required Document	's
☐ Construction prof	orma
5-year operating	proforma
Rationale docume	ent
Only applicant if non-p	rofit applicant does not currently own the subject property:
☐ Signed letter or a	greements confirming the property will be conveyed or leased long-term
Optional Documents	5
Architectural draw	vings
☐ Energy efficiency	-
☐ Site plan	

