



**Property Value Protection Program**

# **Guide for Completing a Claim for Loss of Rental Income Under the Simplified Route**



## Introduction

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The Port Hope Area Initiative (PHAI) represents the Government of Canada's commitment to respond to community-recommended solutions for the cleanup and local, long-term, safe management of historic low-level radioactive waste in the municipalities of Port Hope and Clarington.

The Property Value Protection (PVP) Program is an integral part of the Legal Agreement between the Government of Canada and the two municipalities that defines the framework and sets out the responsibilities for the PHAI's two projects, the Port Hope Project and the Port Granby Project. The PVP Program offers compensation to eligible property owners within the designated PVP Zone (see map on page 7) if they experience:

- Diminution (loss) of value on the sale of a property
- Loss of rental income
- Mortgage renewal difficulty

## Before you start

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This guide will help you complete the Loss of Rental Income – Simplified Route claim form for the PVP Program. It provides step-by-step instructions to assist you in providing the information required to file your PVP claim.

You may use the Simplified Route to file a claim for PVP compensation if a PVP Compensation Framework indicates that your property may have been affected by the PHAI.

If your property is not within an area identified in a PVP Compensation Framework or if you are claiming more than the Maximum Compensation Amount available under the Simplified Route, you must use the Standard Route. The Standard Route requires you to provide evidence demonstrating that the property (rental unit) suffered a loss of rental income as a result of the PHAI. However, to date, the PVP Program has not found any evidence supporting a loss of rental income outside the areas defined in the PVP Compensation Frameworks or greater than that shown in the PVP Rules Program Schedule D – Loss of Rental Income Simplified Route Evidentiary Requirements.

It is important that you use the applicable guide for the type of claim you are filing. **This guide is for Loss of Rental Income – Simplified Route.** There are also guides for:

Loss on Sale – Standard Route

Loss on Sale – Simplified Route

Loss of Rental Income – Standard Route

Mortgage Renewal Difficulty – Standard Route

If you require a different guide or need assistance with your claim, please contact PVP Program staff:

- In person at the PVP Program Office, 25 Henderson Street, Port Hope, Ontario, between 8:30 a.m. and 4:30 p.m.
- By mail at PVP Program Office, 25 Henderson Street, Port Hope, ON, Canada L1A 0C6
- By phone at 905.885.0291
- By email at [pvpinfo@cnl.ca](mailto:pvpinfo@cnl.ca)

**Please note: Claims for loss of rental income submitted under the Simplified Route must be filed within 40 business days following the period in which the annual loss was experienced.**



# Completing the Loss of Rental Income Claim Form – Simplified Route

The claim form has three sections:

## Section 1 – Owner and (Rental Unit) Property Information

## Section 2 – Eligibility and Administrative Criteria

## Section 3 – Simplified Route Claim Criteria

The following instructions will help you – as the property owner – fill in the information for each section. It also provides guidance on what type of additional information the PVP Program requires.

## Section 1 – Owner and (Rental Unit) Property Information

### Property Address

The address of the rental property for which you are filing the claim

### Street Number and Name

The physical address of the rental property, including any secondary address and “Also Known As” addresses

### Postal Code

The postal code for the rental property

### Civic Address (911 Emergency Address)

If applicable; usually used for properties in rural areas

### Lot Number, Sub Lot Part, Concession

This information can be found on your property survey or on your Municipal Property Assessment Corporation (MPAC) Property Assessment Notice as shown below:

Roll number	12 34 567 899 12345 1234
Property location and description	200 SOME STREET CON LP PT LOTS 9, 10 & 11 ALL LOTS 12, 13 & 14 IRREG
Municipality/Local taxing authority	ANY TOWNSHIP

### Municipality

Port Hope or Clarington

### Ward

For Port Hope properties only: Ward 1 or Ward 2



### Building/Rental Unit Size (in Square Feet)

Found on MPAC Property Assessment Notice

Property summary	
Property type	Single Family Dwelling
Property information	Frontage: 50.00 feet
	Depth: 150.00 feet
	Lot area: 7,500.00 square feet
Building - exterior square footage	2,000 square feet
Year of construction	1995

### Lot Size (Acreage)

Found on MPAC Property Assessment Notice

Property summary	
Property type	Single Family Dwelling
Property information	Frontage: 50.00 feet
	Depth: 150.00 feet
	Lot area: 7,500.00 square feet
Building - exterior square footage	2,000 square feet
Year of construction	1995

### Tax Assessment Roll Number

Found on MPAC Property Assessment Notice

Roll number	12 34 567 899 12345 1234
Property location and description	200 SOME STREET CON LP PT LOTS 9, 10 & 11 ALL LOTS 12, 13 & 14 IRREG
Municipality/Local taxing authority	ANY TOWNSHIP

### Property Owner(s) – All individuals who have a legal interest in the property

List all owner(s) who are registered on title for the property and their spouses (as required by the Family Law Act). Mailing addresses and phone numbers are required for all parties. If you need more space for names, check the box at the bottom of Section 1, use a separate sheet of paper and include it with your claim form.

#### Last Name

The legal last name of all registered owners; if a property owner's current last name is different, include it in brackets: (current last name)

#### First Name and Initial

The legal first name of all registered owners; if a property owner uses a different first name, include it in brackets: (first name)

#### Mailing Address

The address at which you receive mail



**Phone (Home)**

Your home phone number

**Phone (Cell)**

Your cell phone number or secondary number (for example, work phone number)

**Email Address**

The email address you wish to use for PVP Program correspondence

**Authorized Contact – if different from the property owner(s)**

Complete this section if you, as the property owner, have someone acting on your behalf for the PVP claim process. The authorized contact must meet the age of majority.

Examples of authorized contacts include:

- Power of Attorney – Delegated written authorization granted to a person to act legally on behalf of another, including actions such as signing legal documents. In the case of a Power of Attorney or a Continuing Power of Attorney for Property, copies of the documents granting authorization to the person are required.
- Estate Trustee (Executor) – Person authorized to administer the estate of a deceased person. A copy of the document granting authorization to the person is required.

Should you wish to authorize someone such as a lawyer or Realtor to act on your behalf, notify the PVP Program Office in writing (by mail or email) of your decision to permit PVP Program staff to discuss your claim with the person you have authorized. You will still be copied on all correspondence.

**Last Name**

The legal last name of the authorized contact

**First Name and Initial**

The legal first name of the authorized contact; if the contact has a different first name, include it in brackets: (first name)

**Mailing Address**

The address at which the authorized contact receives mail

**Phone (Home)**

Home phone number of the authorized contact

**Phone (Cell)**

Cell phone number or secondary number of the authorized contact (for example, work phone number)

**Email Address**

The authorized contact's email address for correspondence

**Relationship**

The relationship between the authorized contact and the property owner (for example, lawyer or power of attorney)

**Firm name (if applicable)**

The name of the firm for which the contact works



## Section 2 – Eligibility and Administrative Criteria

### A Is the property located in the PVP Zone?

Choose Yes or No.

You must own property in the PVP Zone, shown below, to be eligible to apply for compensation related to that property under the PVP Program.



### B Have all legal owners consented to the claim?

All legal owners (those registered on title) must consent to the filing of the PVP claim.

### C Was the rental an arm's length transaction?

“Arm's Length Transaction” means a transaction between unrelated persons or entities who are acting independently, as defined in the Canada Revenue Agency Income Tax Folio S1-F5-C1

List issues, if any, related to the perception of the arm's length rental of the property (rental unit) (e.g., rental to a family member, etc.).

### D The PVP Program was established in October 2001, and will remain operational until two years after the long-term waste management facilities reach a state of long-term monitoring and maintenance. Provide the following information to confirm that the PVP claim has been submitted for processing within 40 days following the annual period of loss suffered by the claimant.

## Date of Lease/Rental Agreement

Provide the date of lease/rental agreement as found on the agreement (see example below).

**Sample Rental Agreement**

**1. Parties**  
The parties to this Agreement are \_\_\_\_\_ hereinafter called "Landlord," and \_\_\_\_\_ hereinafter called "Tenant." If Landlord is the agent of the owner of said property, the owner's name and address is: \_\_\_\_\_

**2. Property**  
Landlord hereby lets the following property to Tenant for the term of this Agreement:  
(a) the real property known as: \_\_\_\_\_  
\_\_\_\_\_ and  
(b) the following furniture and appliances on said property: \_\_\_\_\_

**3. Term**  
This agreement shall run: \_\_\_\_\_  
(a) for the period of \_\_\_\_\_ to \_\_\_\_\_, or \_\_\_\_\_  
(b) month-to-month.

**4. Rent**  
The monthly rental for said property shall be \$\_\_\_\_\_, due and payable by check on the \_\_\_\_\_ day of each month.

**5. Utilities**  
Landlord agrees to furnish the following services and/or utilities:  
\_\_\_\_ Electricity \_\_\_\_ Gas \_\_\_\_ Garbage Collection  
\_\_\_\_ Snow Removal \_\_\_\_ Water \_\_\_\_ Oil

**6. Deposits**  
Tenant will pay the following deposits and/or fees: \_\_\_\_\_ to \_\_\_\_\_  
This amount will be refunded (plus interest) within thirty days following the termination of the tenancy; unpaid rent, charges for damages beyond normal wear and tear, and costs for reasonable cleaning may be deducted.

**In Addition It Is Agreed:**  
1. Tenants shall not lease, sublease, or assign the premises without the prior written consent of the Landlord (but this consent shall not be withheld unreasonably).  
2. Landlord may enter the premises at reasonable times for the purposes of inspection, maintenance, or repair, and to show the premises to buyers or prospective tenants. In all instances, except those of emergency or abandonment, the Landlord shall give Tenant reasonable notice (at least one day) prior to such entry.  
3. Tenant agrees to occupy the premises and shall keep the same in good condition, reasonable wear and tear excepted, and shall not make any alterations thereon without the written consent of the Landlord.  
4. Landlord agrees not to use the premises in such a manner as to disturb the peace and quiet of other tenants in the building. Tenant further agrees not to maintain a public nuisance and not to conduct business or commercial activities on the premises.  
5. Tenant shall, upon termination of this Agreement, vacate and return dwelling in the same condition that it was received, less reasonable wear and tear, and other damages beyond the Tenant's control.  
6. In a dispute between the Landlord and Tenant which gives rise to any action in court, the losing party will pay the court costs and reasonable attorney fees of the successful party.

**7. Additional Terms:** \_\_\_\_\_

We, the undersigned, agree to this Rental Agreement:  
Landlord: \_\_\_\_\_ Tenant: \_\_\_\_\_

_____ Name	_____ Name
_____ Signature	_____ Signature
_____ Date	_____ Date

**Date of Occupancy** – Provide the date of occupancy as found on the lease/rental agreement (see example above).

**E Indicate which Port Hope Area Initiative project had an impact on the rental of the property (rental unit).**

Choose either the Port Hope Project or the Port Granby Project.

**F Have you submitted a previous PVP Program claim relating to the property (rental unit)?**

Choose Yes or No.





**G Have any of the property owner(s) received other financial compensation from any other federal, provincial or municipal program as reimbursement, in whole or in part, for financial loss resulting from the Port Hope Area Initiative?**

Choose Yes or No. If yes, fill in the other information related to the financial compensation.

Note: If financial compensation was previously awarded, the amount may be deducted from any PVP compensation awarded.

If the employer of any of the property owner(s) agreed to “buy-out” or “top up” the rental price of this property to a guaranteed amount as part of a relocation package this will be taken into consideration.

## Section 3 – Simplified Route Claim Criteria

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By choosing the Simplified Route, you are required to:

- A. Demonstrate the unaffected fair market rental value of the property**
- B. Establish that there has been a loss of rental income**
- C. State the amount of compensation you are requesting**
- D. Select an option for the timing for processing your claim**
- E. Provide the required documents**

When you file a claim for loss of rental income under the Simplified Route, you must demonstrate that the property suffered a loss of rental value. In addition, the property must be located in an area on a PVP Compensation Framework for which the PVP Program has recognized the potential for a financial impact greater than zero per cent. However, you do not have to demonstrate that the PHAI caused the loss or was the only cause.

### **A Demonstrate Unaffected Fair Market Rental Value**

To demonstrate the unaffected fair market rental value of your property (rental unit), you are required to:

1. Identify the PHAI project event that affected the rental value of the property (rental unit) from the list included with the Loss of Rental Income – Simplified Route Claim Form.
2. a) Submit an appraisal estimating the rental value of the property (rental unit) on the first day of rental, as if unaffected by the PHAI. This appraisal must be completed in compliance with the *PVP Program's Rules Schedule M - Appraisal Terms of Reference*. These requirements have been provided to local appraisal firms and are available from the PVP Program on request.

OR

- b) Choose to have the PVP Program commission an appraisal for the purposes of processing the claim.

### **B Establish Loss of Rental Income**

Fill in the information related to your appraisal. If you have decided to have an appraisal commissioned by the PVP Program, the PVP Program will provide this information.

### **C Compensation Requested**

Fill in the figures in the table as indicated.

### **D Timing for Processing the Claim**

Choose one of the two options available to you for the process timing of your claim.





## E Required Documents

Provide copies of the following documents in support of your claim:

- Copy of current tenancy agreement (lease)
- Notarized copy of current Transfer Deed of Land and associated Land Transfer Tax Affidavit (see documents below)
- One appraisal or your direction, as indicated above, to the PVP Program to commission an appraisal
- Copy of Articles of Incorporation and name of shareholders, if applicable
- Other information as reasonably requested by the PVP Program

The applicant(s) hereby apply to the Land Registrar:  
LTD # 20 Transfer

Received as HX158 on 2006 05 15 at 10 15

**Properties**  
 LT 48, PL 1361 - 1361  
 Description: LT 48, PL 1361 - 1361  
 Address: 10000 KENNEDY RD. MISSISSAUGA, ONT. L4X 1L9

**Consideration**  
 \$ 250,000.00

**Transferor(s)**  
 The transferor(s) hereby transfers the land to the transferee(s).  
 Name: JONES, MARIANN JOYCE  
 Address for Service: 123 Main St. Toronto, Ont. M5T 1A4  
 I am at least 18 years of age.  
 JONES, JOHN WILLIAM and I are spouses of one another and are both parties to this document.  
 This document is not authorized under Power of Attorney by this party.  
 Name: JONES, JOHN WILLIAM  
 Address for Service: 123 Main St. Toronto, Ont. M5T 1A4  
 I am at least 18 years of age.  
 JONES, MARIANN JOYCE and I are spouses of one another and are both parties to this document.  
 This document is not authorized under Power of Attorney by this party.

**Transferee(s)**  

Name	Capacity	Share
SMITH, JOHN FRANKLIN	Joint Tenants	
Date of Birth: 1989 08 04		
Address for Service: 10000 KENNEDY RD. MISSISSAUGA, ONT. L4X 1L9		
SMITH, ELEANOR JOYCE	Joint Tenants	
Date of Birth: 1975 08 07		
Address for Service: 10000 KENNEDY RD. MISSISSAUGA, ONT. L4X 1L9		

**Signed By:**  
 Paul P. Lawyer (CDS) acting for Transferee(s) Signed: 2006 05 15  
 Paul P. Lawyer (CDS) acting for Transferee(s) Signed: 2006 05 15

**Submitted By:**  
 TRADING COMPANY LTD. 2006 05 15

**Fees/Paid:**  
 Land Transfer Tax: \$2,350.00  
 Land Registrar Fee: \$2,400.00  
 Total Paid: \$4,750.00

Ontario Ministry of Revenue  
 Land Transfer Tax Affidavit  
 Land Transfer Tax Act

Property Identification No. \_\_\_\_\_

**1. The Matter of the Conveyance of (Insert brief description of land)**

ST (first names of all transferees in full) \_\_\_\_\_  
 TD (first names of all transferees in full) \_\_\_\_\_

**2. I am giving a clear mark within the square opposite the following paragraph(s) that describe(s) the capacity of the donor(s):**  
☐ (a) the transferee named in the above-described conveyance;  
☐ (b) the authorized agent or solicitor acting in this transaction for the transferee(s);  
☐ (c) the President, Vice-President, Secretary, Treasurer, Director or Manager authorized to act for the transferee(s);  
☐ (d) a transferee and an making this affidavit on my own behalf and on behalf of (insert name of spouse) \_\_\_\_\_ who is my spouse;  
☐ (e) the transferee or an officer authorized to act on behalf of the transferee company and \_\_\_\_\_ who is my spouse.

**3. The total consideration for this transaction is allocated as follows:**  
 (a) Money paid or to be paid in cash: \$ \_\_\_\_\_  
 (b) Mortgage: (i) Assumed general mortgage: \$ \_\_\_\_\_  
 (ii) Given back to lender: \$ \_\_\_\_\_  
 (c) Property transferred in exchange for cash or other property: \$ \_\_\_\_\_  
 (d) Other consideration subject to this conveyance: \$ \_\_\_\_\_  
 (e) Fair market value of the lands conveyed: \$ 6.00  
 (f) Value of all chattels, fixtures and goodwill subject to Land Transfer Tax: \$ 6.00  
 (g) Value of all chattels, fixtures and goodwill subject to Land Transfer Tax: \$ 6.00  
 (h) Other consideration for transaction not included in (f) or (g) above: \$ \_\_\_\_\_  
 (i) Total Consideration: \$ 12.00

**4. To be completed where the value of the consideration for the conveyance exceeds \$400,000.00**  
☐ I have read and considered the definition of "single family residence" set out in subsection (1) of the Act. The land conveyed in the above-described conveyance does not contain a single family residence or contains more than two single family residences;  
☐ contains at least one and not more than two single family residences; or  
☐ contains at least one and not more than two single family residences and the lands are used for other than past residential purposes. The transferee has accordingly apportioned the value of consideration on the basis that the consideration for the single family residence is \$ \_\_\_\_\_ and the remainder of the lands are used for \_\_\_\_\_ purposes.

**5. Other remarks and explanations, if necessary:**

**6. Signature of the donor(s) or authorized agent(s):**  
 Signed: \_\_\_\_\_  
 Date: \_\_\_\_\_ day of \_\_\_\_\_, 2006

**7. Signature of the transferee(s) or authorized agent(s):**  
 Signed: \_\_\_\_\_  
 Date: \_\_\_\_\_ day of \_\_\_\_\_, 2006

**8. Commission for taking Affidavits, etc.**

**Property Information Record**  
 A. Describe nature of instrument: \_\_\_\_\_  
 B. Address of property being conveyed or conveyed: \_\_\_\_\_  
 C. Assessment Roll No. (if available): \_\_\_\_\_  
 D. Making address(es) for future notices of Assessment under the Assessment Act for property being conveyed: \_\_\_\_\_  
 E. Registration number for use of certificate of property being conveyed or conveyed: \_\_\_\_\_  
 F. Name(s) and address(es) of each transferee's solicitor: \_\_\_\_\_  
 G. Name(s) and address(es) of each transferee's solicitor: \_\_\_\_\_

**For Land Registrar Office Use Only**  
 Registered: \_\_\_\_\_  
 Registration Date (month/day/year): \_\_\_\_\_  
 Land Registrar Office Use Only

## Acknowledgement and Required Signatures

By choosing to file your claim under the Simplified Route, you acknowledge that:

- You accept the evidence provided by the PVP Program regarding causation, diminution of value and PHAI project-related loss.
- You may not appeal or challenge PVP Program evidence or the outcome of your claim. Under certain circumstances, a request for reconsideration can be made; refer to the PVP Program Rules and Schedule D – Loss of Rental Income – Simplified Route Evidentiary Requirements for more information.

By submitting a claim, you also acknowledge that the following information may be made publicly available:

- Address of property (rental unit)
- PVP Program compensation amount
- Date compensation awarded
- The claim must be signed by all owners of the property.

By signing the Loss of Rental Income claim form, you and all parties certify that the information submitted is true to the best of your knowledge. You understand and agree that the claim will be processed in accordance with the requirements of the PVP Program, which include the PVP Program Rules.

