



Internet: www.sbr.gov.bc.ca/hog
Email: hogadmin@gov.bc.ca

Questions?

Contact Home Owner Grant Administration at 250 356-8904
(in Victoria) or 1 888 355-2700 (toll-free in British Columbia).

Please type or print clearly

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering the *Home Owner Grant Act* under the authority of both this Act and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.) Email: FOI.QRYS@gov.bc.ca

Applicant Information

APPLICANT NAME – Owner (or spouse or relative of deceased owner - see 2(e) below)

PROPERTY ADDRESS

CITY / PROVINCE

POSTAL CODE

APPLICANT TELEPHONE NUMBER

()

MAILING ADDRESS – Enter if different than property address

CITY / PROVINCE

POSTAL CODE

Home Owner Grant Eligibility

1. I, _____ *Print name in full* _____ certify the following:
 - (a) I am an owner (or I am a spouse/relative of the deceased owner) of the property identified on this application form (“this Property”) that is assessed and taxed for the current year;
 - (b) I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence, the whole or part of the building(s) located on this Property;
 - (c) Neither I nor my spouse nor the deceased owner have applied for or received a full home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.

2. I am eligible for the additional grant for a reason which follows:
 - (a) I am or will be 65 or over during this calendar year, date of birth being _____; **or**
 - (b) I am in receipt of, am the spouse of a person who is in receipt of, or am the spouse of a deceased person who was, on the date of death, in receipt of an allowance under the *War Veteran Allowance Act* (Canada) or the *Civilian War-related Benefits Act* (Canada); **or**
 - (c) I am designated as a person with disabilities, and receiving disability assistance, hardship assistance or a supplement, under the *BC Employment and Assistance for Persons with Disabilities Act*; **or**
 - (d) I am a person with disabilities, or am the spouse or relative of a person with disabilities, and the person with disabilities resides with me (Form B certificate required); **or**
 - (e) I am the spouse or relative of an owner who passed away in the current year who would have been eligible under paragraph (a), (b), (c), or (d) and I occupied the eligible residence as my principal residence on the date of that owner’s death.

3. I understand that the collector, and/or Home Owner Grant Administration may require any documentation necessary to establish my eligibility for the grant. I also understand that Home Owner Grant Administration may confirm my age and address with the Insurance Corporation of British Columbia.

<p>Applicant/and shared income partner are required to file an income tax return by April 30th of each year.</p> <p>IMPORTANT: Please attach photocopies of your Notice(s) of Assessment/Reassessment issued to you by Canada Revenue Agency, or income tax return(s) if you have not received your Notice(s). Please also provide any applicable schedules from your income tax return.</p>	<h3>Calculate Net Income</h3>
	<p>This information is from your income tax return for the tax year of <input style="width: 100px;" type="text"/></p> <p>1. Enter your net income \$ <input style="width: 100px;" type="text"/> 1 (from line 236 on your Notice of Assessment or income tax return) Note: If net income is a negative number (e.g. \$-2300.00), enter 0</p> <p>2. Enter the net income of your shared income partner \$ <input style="width: 100px;" type="text"/> 2 Note: If net income is a negative number (e.g. \$-2300.00), enter 0</p> <p>3. TOTAL NET INCOME (add lines 1 and 2) \$ <input style="width: 100px;" type="text"/> 3</p>

<p>AGE Claim \$3,000 for each person who is 65 or older this year.</p> <p>CHILDREN Claim \$3,000 for each dependant child.</p> <p>DISABILITY If you claimed a disability on your income tax return for yourself, your shared income partner or child, claim \$3,000 for each disabled person. If you claimed attendant or nursing home expenses in place of disability, enclose photocopies of receipts.</p>	<h3>Calculate Deductions</h3>
	<p>4. Shared income partner – claim \$3,000 \$ <input style="width: 100px;" type="text"/> 4</p> <p>5. If you are 65 or older this year, claim \$3,000 \$ <input style="width: 100px;" type="text"/> 5</p> <p>6. If your shared income partner is 65 or older this year, claim \$3,000 \$ <input style="width: 100px;" type="text"/> 6</p> <p>7. CHILDREN <input style="width: 100px;" type="text"/> x \$3,000 = \$ <input style="width: 100px;" type="text"/> (a) <i>number of children</i></p> <p>Minus one half child care expenses (per child) claimed on your (or your shared income partner's) income tax return \$ <input style="width: 100px;" type="text"/> (b)</p> <p>Difference (subtract line b from line a) \$ <input style="width: 100px;" type="text"/> 7</p> <p>8. Universal Child Care Benefit reported on your (or your shared income partner's) income tax return (line 117) \$ <input style="width: 100px;" type="text"/> 8</p> <p>9. DISABILITY <input style="width: 100px;" type="text"/> x \$3,000 \$ <input style="width: 100px;" type="text"/> 9 <i>number of disabled persons</i></p> <p>10. TOTAL DEDUCTIONS (add lines 4 to 9) \$ <input style="width: 100px;" type="text"/> 10</p>

<p>ADJUSTED NET INCOME is net income from your income tax return minus the above deductions.</p>	<h3>Adjusted Net Income</h3>
	<p>ADJUSTED NET INCOME (subtract line 10 from line 3) If this amount is \$28,000 or less, you qualify for the low income grant supplement. If this amount is between \$28,000 – \$30,000, you qualify for a partial grant. \$ <input style="width: 100px;" type="text"/> 11</p>

Please read and sign. If you are married or living and cohabiting in a marriage-like relationship with a person, that person must also sign. If someone has Power of Attorney or another legal representation agreement and is signing on your behalf, please provide a copy of the Power of Attorney or agreement.

DECLARATION AND CONSENT

- I hereby consent to the release, by the Canada Revenue agency to an official of the Ministry of Finance, of information from my income tax returns, and if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information obtained will be relevant to and used solely for the purpose of determining and verifying my initial and ongoing entitlement to, and the general administration and enforcement of, the Low Income Grant Supplement under the *Home Owner Grant Act*, and will not be disclosed to any other person or organization without my approval.
- I reside in Canada as a Canadian citizen or holder of permanent resident status (landed immigrant).
- I declare that, to the best of my knowledge and belief, the above information is true and correct.
- This authorization is valid for the most recently available of the two taxation years prior to the year of signature, the current taxation year, and each subsequent consecutive taxation year for which assistance is requested by me or on my behalf.
- I understand that, if I wish to withdraw this consent, I may do so at any time by writing to the Grant Administrator, PO Box 9991 Stn Prov Govt, Victoria BC V8W 9R7.

SIGNATURE OF APPLICANT	NAME OF APPLICANT – Please print	DATE OF BIRTH YYYY / MM / DD	SOCIAL INSURANCE NO.	DATE SIGNED YYYY / MM / DD
X				
SIGNATURE OF SHARED INCOME PARTNER	NAME OF SHARED INCOME PARTNER – Please print	DATE OF BIRTH YYYY / MM / DD	SOCIAL INSURANCE NO.	DATE SIGNED YYYY / MM / DD
X				