



Instructions:

- Please ensure the questionnaire is filled out completely and accurately as any omissions may result in the denial of the home owner grant.
- Forward your completed questionnaire and supporting documentation to the tax collector in your tax jurisdiction, the Surveyor of Taxes or Home Owner Grant Administration, whoever requested this information.
- The information provided on this form may be shared for the purposes of administering the *Land Tax Deferral Act*, *Property Transfer Tax Act* and *Taxation (Rural Area) Act*.
- **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

- General Inquiries: 250 356-8904
- Email: hogadmin@gov.bc.ca
- Mailing address for Home Owner Grant Administration:
Ministry of Finance
PO Box 9991 Stn Prov Govt
Victoria BC V8W 9R7

Note: If in the opinion of Home Owner Grant Administration, the information or documentation submitted is incomplete or insufficient to establish your eligibility, you will be notified of the amount owed. The legislation places the onus on the claimant to prove eligibility for the grant.

PART 1 – OFFICE USE ONLY

PROPERTY UNDER REVIEW		YEARS UNDER REVIEW	
FOLIO (ACCOUNT) NO.	TAXPAYER NAME	AUDITOR INITIALS	

PART 2 – PROPERTY OWNER INFORMATION

Are you a Canadian citizen or permanent resident? YES NO Date of permanent resident status (If applicable) YYYY / MM / DD

Was the above address your residence when the grant application was submitted? YES NO If YES, when did you move into the residence? YYYY / MM / DD

If NO, please explain:

Was the above address your residence when the property taxes were paid? YES NO If NO, where did you reside when the taxes were paid?

Was the property rented during the year(s) under review? YES NO

If YES, provide the period of time and name of tenant(s) when property was rented

Provide address(es) of all properties owned – Include postal code(s)

SPOUSE means a person who is married to another person, or is living and cohabiting with another person in a marriage-like relationship, including a marriage-like relationship between persons of the same gender.

If married or cohabiting with another person in a marriage-like relationship **during the year(s) under review**, indicate:

NAME OF SPOUSE (See spouse defined above)

SPOUSE'S DATE OF BIRTH
YYYY / MM / DD

DATE COHABITING BEGAN YYYY / MM / DD	DATE COHABITING ENDED (If applicable) YYYY / MM / DD	DATE OF MARRIAGE YYYY / MM / DD
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If **not** married or cohabiting with another person, check one of the following to describe your legal status **during the year(s) under review**:

- SEPARATED DIVORCED WIDOWED SINGLE

Province of your medical plan coverage	Medical Plan Number	Province where you file your income tax return
Province where you hold a valid driver's licence	Driver's Licence Number	Province where your vehicle is registered
Province where you are registered to vote provincially	Telephone No. (Permanent residence) ()	Telephone No. (where you can be reached) ()

Employer's name

Employer's address – include postal code

PART 3 – ADDITIONAL INFORMATION

Home Owner Grant Administration requires specific information and documentary evidence to evaluate your eligibility for the grant for the year(s) under review for the month(s) of:

Please provide the following documentation as indicated (✓)

- BC Medical Services Plan billings/or a letter from BC Medical Services Plan confirming your mailing address from _____
- Cable TV bills (*please show address and connection information, blank out packages subscribed to*)
- BC Telephone bills (*please show address and connection information, blank out numbers called*), or a letter from Telus or a Cell phone company confirming that your telephone billing was mailed to the property address from: _____
Telus information can be obtained from Telus by calling 310-2500.
- Income tax assessment notices (*please show address, blank out amounts and Social Insurance Number*)
- Top portion of bank statements (*please show address, blank out amounts, transactions and account numbers*)
- VISA, Master Card, or other credit card statements (*please show address, blank out amounts, transactions and account numbers*)
- ICBC registration certificate
- Photocopy of driver's licence
- Copies of portions of notarized separation/divorce agreement that shows date of separation/divorce and signature of parties and witnesses (e.g., first and last page of agreement)
- Other (*photocopy of voters registration card, proof of owner/occupied insurance, pension cheques, etc.*)
- Additional information you may have to prove the property under review is your principal residence

PART 4 – CERTIFICATION

- I certify that the information above is correct to the best of my knowledge.
- I understand that it is an offence to make a false application for the grant, subject to a penalty of up to \$10,000.

PROPERTY OWNER(S) SIGNATURE

DATE SIGNED

YYYY / MM / DD

X