

# HOME OWNER GRANT

## Consent for Release of Information

Internet: [www.sbr.gov.bc.ca/hog](http://www.sbr.gov.bc.ca/hog)

**Instructions:**

- **Return completed form to the Municipal or Provincial Authority collector noted on this form.**
- **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* (RSBC 1996, chap. 194) 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 250 356-8904, 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](mailto:FOI.QRYS@gov.bc.ca)

### PART A – HOME OWNER GRANT APPLICANT

MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT DISTRICT OFFICE ADDRESS

APPLICANT NAME

APPLICANT ADDRESS

POSTAL CODE

I/We give permission to the Ministry of Housing and Social Development to confirm this information with:

NAME OF OFFICIAL

POSITION

MUNICIPALITY OR PROVINCIAL AUTHORITY

ADDRESS

POSTAL CODE

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* effective:

FROM  
YYYY / MM / DD

TO  
YYYY / MM / DD

APPLICANT SIGNATURE

DATE SIGNED  
YYYY / MM / DD

**X**

### PART B – MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT

MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT CONFIRMATION:

ABOVE CONFIRMED

ABOVE NOT CONFIRMED

COMMENTS

MINISTRY REPRESENTATIVE SIGNATURE

DATE SIGNED  
YYYY / MM / DD

**X**