

APPLICATION FOR HOME OWNER GRANT

Telephone: 250 356-8904
Toll-free: 1 888 355-2700
Email: hogadmin@gov.bc.ca

**Submit completed form to your local municipality
or government agent office.**

The information provided on this form may be shared for
the purposes of administering the *Land Tax Deferment Act*,
Property Transfer Tax Act and *Taxation (Rural Area) Act*.

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

1. I, _____ certify the following:
(print name in full)

- (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 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, and I have provided the collector with the required Form B certificate; **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 the Branch may require any documentation necessary to establish my eligibility for the grant. I also understand that the Branch may confirm my age and address with the Insurance Corporation of British Columbia.

SIGN HERE – OWNER (OR SPOUSE OR RELATIVE OF DECEASED OWNER) X	DATE SIGNED YYYY / MM / DD
ADDRESS OF RESIDENCE	
PROPERTY FOLIO NO.	TELEPHONE NO. ()