BRITISH COLUMBIA | Ministry of Finance

Home Owner Grant Administration
gov.bc.ca/homeownergrant

APPLICATION FOR HOME OWNER GRANT

under the *Home Owner Grant Act*

Submit this completed application to the municipal or provincial office listed on your property tax notice.

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 section 26(a) of the FOIPPA. Questions about the collection or use of this information can be directed to the Director, Home Owner Grant Administration, PO Box 9991 Stn Prov Govt, Victoria, BC V8W 9R7 (telephone: Victoria at 250 356-8904 or toll-free at 1 888 355-2700 and ask to be re-directed).

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.*

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 Veterans 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 *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)	DATE SIGNED YYYY / MM / DD
✕	

ADDRESS OF RESIDENCE (*include street, city, province and postal code*)

PROPERTY FOLIO NUMBER	TELEPHONE NUMBER
	( )

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IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.

Print Form Clear Form