



APPLICATION FOR HOME OWNER GRANT ELIGIBLE OCCUPANT

under the Home Owner Grant Act

INSTRUCTIONS

Step 1 - Complete this form to apply for the home owner grant as an eligible occupant. Find out if you qualify as an eligible occupant at gov.bc.ca/homeownergrant.

Important reminders:

- You or your spouse may only claim one grant each tax year.
- Make sure the person who applies for the grant is the one who qualifies for the greater benefit amount.

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 sections 26(a) and (c) of the FOIPPA. Questions about the collection, use or disclosure of this information can be directed to the Manager, Home Owner Grant Administration, PO Box 9446, Stn Prov Govt, Victoria BC V8W 9V6 telephone: Victoria at 250-387-0555 or toll free at 1-888-355-2700).

Step 2 - Provide this completed application and any supporting documents to the registered owner of the property.

Note: Registered owners must keep this completed application for their records and provide to us if audited.

Important reminders:

- You may be required to submit additional documentation to establish your eligibility.
- Home owner grants are audited for up to seven years to ensure applicants are eligible for the grants they receive.

GENERAL INQUIRIES

Telephone: 250-387-0555

Toll free: 1-888-355-2700

Website: gov.bc.ca/homeownergrant

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

PART A – APPLICANT INFORMATION (eligible occupant, or the deceased occupant’s spouse or relative living in the residence)

LAST NAME	FIRST NAME	
EMAIL ADDRESS (optional)	DATE OF BIRTH YYYY / MM / DD	TELEPHONE NUMBER
PROPERTY ROLL NUMBER	PROPERTY JURISDICTION NUMBER	
PROPERTY ADDRESS (house number, street and city of residence)	PROVINCE BC	POSTAL CODE
MAILING ADDRESS (if different from property address)	PROVINCE	POSTAL CODE

If you are applying on behalf of the applicant with their permission, provide your name and telephone number.

LAST NAME	FIRST NAME	TELEPHONE NUMBER
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PART B – HOME OWNER GRANT

To qualify for the home owner grant as an eligible occupant, you must:

- be a Canadian citizen or permanent resident of Canada,
- live in B.C., and
- occupy this residence as your principal residence.

Complete section 1 to apply for the regular home owner grant amount.

Complete sections 1 and 2 to apply for the regular and additional grant amounts.

1. I qualify for the home owner grant and:

- I am the eligible occupant of the residence, **or** the spouse or relative of the deceased eligible occupant and at the date the eligible occupant passed away we both occupied this residence as our principal residence.

2. I also qualify for the additional grant amount as [if eligible, check (✓) only one below]:

- (a) I am a senior aged 65 or older this year,
- (b) I receive provincial disability assistance, hardship assistance or a supplement under the Employment and Assistance for Persons with Disabilities Act,
[If this is your first year applying for this residence, provide supporting documentation such as a copy of your Confirmation of Assistance from the Ministry of Social Development and Poverty Reduction or the Home Owner Grant Consent for Release of Information ([FIN 81](#))]
- (c) I do not receive assistance as above, but I am a person with disabilities or I am living with a spouse or relative with disabilities,
[If this is your first year applying for this residence, attach a completed Certificate of Health Professional and Property Owner (Form B) ([FIN 74](#))]
- (d) I am a surviving spouse of a veteran who received a War Veterans Allowance, **or**
- (e) I am a spouse or relative of a deceased eligible occupant who passed away this year and the occupant would have been eligible as a senior or a person with disabilities.

PART C – CERTIFICATION

I certify that the information on this application is correct and complete to the best of my knowledge.

SIGNATURE

X

DATE SIGNED
YYYY / MM / DD