



MUNICIPAL – FINANCE WORKING GROUP REVIEW OF ELIGIBILITY QUESTIONNAIRE

Sept 16, 2016

Presentation to Working Group

Introduction

- The Eligibility Questionnaire form is used by tax collectors and Home Owner Grant Administration when investigating home owner grant applications and approved grants.
- Home Owner Grant Administration will cease using the form once Gentax is operational in February 2017 – Gentax will produce request-for-information letters that serve the same purpose as the form.
- Finance can draft a new version of the form that is solely for the use of the municipalities (all references to Home Owner Grant Administration will be removed from the form).
- Would the municipalities like us to do that and if so, what changes to the form would be helpful?


Legislative framework

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- Section 8 (3) of the *Home Owner Grant Act* states that a collector may require that an application for a grant be accompanied by documentary evidence.
- Section 10 (4) of the Act states that after a grant is approved, the collector may request any additional information or make any inquiries that the collector considers necessary for determining a person's entitlement to a grant or the amount of a grant.

Current version of form

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HOME OWNER GRANT ELIGIBILITY QUESTIONNAIRE

under the Home Owner Grant Act

INSTRUCTIONS

- Send your completed questionnaire and supporting documentation to the person or office that requested this information.
- Your home owner grant may be denied if you do not answer all the questions below.
- 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.
- For more information about the home owner grant, visit our website at: gov.bc.ca/homeownergrant

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(2) of the FOIPPA. Questions about the collection or use of this information can be directed to the Director, Home Owner Grant Administration, PO Box 9951 Stn Prov Govt, Victoria BC V8W 9R7 (telephone: Victoria at 250 356-5904 or toll-free at 1 888 355-2700).

Note: If, in the opinion of the Home Owner Grant Administration or the tax collector, the information or documentation submitted is incomplete or insufficient to establish your eligibility, you will be notified of the reason for that decision. The legislation requires you to prove your eligibility for the grant.

FOR OFFICE USE ONLY	
PROPERTY UNDER REVIEW	YEARS UNDER REVIEW
FOLIO (ACCOUNT) NUMBER	AUDITOR INITIALS
PART 1 – APPLICANT INFORMATION	
Are you a Canadian citizen or permanent resident of Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of permanent resident status (if applicable) YYYY / MM / DD
Did you occupy the above address as your principal residence when the grant application was submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, when did you move into the residence? YYYY / MM / DD
If NO, explain:	
Did you rent this property to tenants during the year(s) under review? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, provide the rental period(s) and name of tenant(s).	
Provide address(es) of all properties owned (include street, city, province and postal code)	
<p>SPOUSE means a person who is married to another person or is living with another person in a marriage-like relationship for a period of at least two years. If you are married, but separated and living apart, you are no longer considered a spouse if you have either a written agreement signed by both you and your spouse stating that you have agreed to live apart or a court order recognizing your separation.</p> <p>If you had a spouse during the year(s) under review, indicate:</p>	
NAME OF SPOUSE (see "spouse" defined above)	SPOUSE'S DATE OF BIRTH YYYY / MM / DD
DATE YOU BEGAN LIVING TOGETHER YYYY / MM / DD	DATE YOU STOPPED LIVING TOGETHER (if applicable) YYYY / MM / DD
DATE OF MARRIAGE (if applicable) YYYY / MM / DD	
If you did not have a spouse, check (✓) one of the following to describe your legal status during the year(s) under review:	
<input type="checkbox"/> SINGLE	<input type="checkbox"/> WIDOWED
<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED
DATE OF SEPARATION YYYY / MM / DD	DATE OF DIVORCE YYYY / MM / DD

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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	Contact Telephone Number ()	Email Address
Employer Name		
Employer Address (include street, city, province and postal code)		
PART 2 – REQUIRED DOCUMENTATION (to be completed by the Home Owner Grant Administration or tax collector)		
The following documentation is required to evaluate your eligibility for the grant for the year(s) under review for the month(s) of:		
Provide the following documentation indicated by a check (✓).		
<input type="checkbox"/> BC Medical Services Plan billings or a letter from BC Medical Services Plan confirming your mailing address		
<input type="checkbox"/> TV or Internet bills (show address and connection information, blank out packages subscribed to)		
<input type="checkbox"/> Telephone bills (blank out numbers called) or a letter from your landline and/or cell phone company confirming service address, mailing address and connection information		
<input type="checkbox"/> Income tax assessment notices (show address, blank out amounts and Social Insurance Number)		
<input type="checkbox"/> Top portion of bank statements (show address, blank out amounts, transactions and account numbers)		
<input type="checkbox"/> VISA, Master Card or other credit card statements (show address, blank out amounts, transactions and account numbers)		
<input type="checkbox"/> ICBC vehicle registration certificate		
<input type="checkbox"/> Photocopy of driver's licence		
<input type="checkbox"/> Copy of written agreement stating you and your spouse have agreed to live apart or a court order recognizing the separation		
<input type="checkbox"/> Proof of owner/occupied home insurance		
<input type="checkbox"/> Other (e.g. photocopy of voters registration card, pension cheques)		
If you have additional information that supports your eligibility for the grant, describe below, or attach it to the form when you return it:		
PART 3 – CERTIFICATION		
By signing this form:		
<ul style="list-style-type: none"> I certify that the information above is correct and complete 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. 		
SIGNATURE OF APPLICANT	DATE SIGNED YYYY / MM / DD	
X		

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