BRITISH COLUMBIA | Ministry of Finance

PO Box 9475 Stn Prov Govt
Victoria BC V8W 9W6

PHYSICIAN CERTIFICATION
PROPERTY TAX DEFERMENT PROGRAM
under the *Land Tax Deferment Act*

General Inquiries:
In Victoria: 250 356-8121
Service BC (request a transfer to 250 356-8121):
In Vancouver: 604 660-2421
Toll-free elsewhere in BC: 1 800 663-7867
Email: **taxdeferment@gov.bc.ca**
Internet: **gov.bc.ca/propertytaxdeferment**

Freedom of Information and Protection of Privacy Act (FOIPPA)
The personal information on this form is collected for the purpose of administering the *Land Tax Deferment 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, Property Tax Deferment, PO Box 9475 Stn Prov Govt, Victoria BC V8W 9W6. (Telephone: Victoria at 250 356-8121 or toll-free at 1 800 663-7867 and ask to be re-directed.)

Property tax deferment is a low-interest loan program that assists qualified BC homeowners to pay their annual property taxes.

HOMEOWNER INSTRUCTIONS:

If you wish to apply to defer your current year property taxes under the persons with a disability provision, complete the *Property Tax Deferment Program Application and Agreement* (**FIN 51**) **AND** also submit **ONE** of the following documents to your municipal office or Service BC Centre:

- a copy of a recent letter confirming your Persons with a Disability designation, or
- a completed *Consent for Release of Information* (**FIN 81**) from the Ministry of Social Development, or
- **if you do not have either of the above documents**, take this form (**FIN 58**) to your physician to complete. All criteria noted in the physician section **MUST** be met in order to qualify.

You must also apply for the Home Owner Grant with your completed tax deferment application to your municipal office or if you live in a rural area, at your local Service BC Centre. If there is no Service BC Centre in your area, you can apply directly to the Surveyor of Taxes office in Victoria at the address on your property tax notice.

PHYSICIAN INSTRUCTIONS:

This form is required to establish eligibility for the Property Tax Deferment Program. Please complete **ALL** sections below, including the Physician's Certification on **Page 2**.

Please print clearly or use the fillable form online at **gov.bc.ca/propertytaxdeferment** and go to **Forms and Guides**.

When complete, this form must be returned to the homeowner(s) to be submitted with their tax deferment application.

PATIENT FULL NAME (*please print*)	PATIENT TELEPHONE NUMBER
	( )

PATIENT MAILING ADDRESS (*include street or PO box, city, province and postal code*)

PROPERTY FOLIO NUMBER OR PARCEL IDENTIFIER (PID) (*request this information from the patient*)

I certify that my patient meets the following criteria:

		YES	NO
1. is 18 years of age or older;	1.	☐	☐
2. has a severe mental or physical impairment that in my opinion			
a) is likely to continue for at least 2 years, and	2. a)	☐	☐
b) directly and significantly restricts the person's ability to perform daily living activities either (i) continuously, or (ii) periodically for extended periods, and	2. b)	☐	☐
c) as a result of those restrictions, the person requires help to perform those activities in the form of (i) an assistive device, (ii) the significant help or supervision of another person, or (iii) the services of an assistive animal.	2. c)	☐	☐

Please continue on Page 2

PRIMARY DIAGNOSIS

Please describe the severe mental or physical impairment (for example, functional abilities, cognitive abilities, interpersonal abilities or social abilities).

Describe in **DETAIL** what restrictions (if any) the applicant's severe impairment poses to daily living activities. Please specify any help that may be necessary including assistive devices, assistive persons or assistive animals.

PHYSICIAN'S CERTIFICATION – I hereby certify that, to the best of my knowledge, the above information is true and correct.

PHYSICIAN FULL NAME (*please print*)	PHYSICIAN TELEPHONE NUMBER
	( )

PHYSICIAN MAILING ADDRESS (*include street or PO box, city, province and postal code*)

PHYSICIAN SIGNATURE	DATE SIGNED YYYY / MM / DD
X	