



APPLICATION FOR HOME OWNER GRANT
LOW INCOME GRANT SUPPLEMENT
under the Home Owner Grant Act

INSTRUCTIONS

Step 1 - Make sure you qualify for the home owner grant low income grant supplement before applying. Find out if you qualify at gov.bc.ca/homeownergrant

Step 2 - Complete this form to apply for the low income grant supplement if you:

- have a property with an assessed or partitioned value over the threshold,
• have an adjusted net income of \$32,000 or less, and
• qualify for the additional home owner grant (see Part B).

If you qualified for the supplement last year but did not apply, complete a separate form for each year.

Step 3 - Mail this completed application and any required supporting documents to:

Home Owner Grant
PO Box 9991 STN PROV GOVT
Victoria BC V8W 9R7

GENERAL INQUIRIES

Telephone: 250-387-0555
Toll free: 1-888-355-2700
Website: 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 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).

PART A - APPLICANT INFORMATION (owner, or the deceased owner's spouse or relative living in the residence)

Form with fields for LAST NAME, FIRST NAME, TELEPHONE NUMBER, ROLL NUMBER, JURISDICTION NUMBER, EMAIL ADDRESS, PROPERTY ADDRESS, PROVINCE, POSTAL CODE, MAILING ADDRESS.

PART B - LOW INCOME GRANT SUPPLEMENT QUALIFICATIONS

- 1. I qualify for the home owner grant and:
[] I am a Canadian citizen or permanent resident of Canada, I live in BC, I occupy this residence as my principal residence, and I have applied for the regular home owner grant, or the only reason I was unable to apply for the regular home owner grant was because of the value of my home.
2. I qualify for the low income grant supplement amount as I [check (✓) only the first box that applies]:
[] (a) am a senior aged 65 or older this year, or
[] (b) 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)], or
[] (c) 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 Form B - Certificate of Physician and Property Owner (FIN 74)], or
[] (d) am a surviving spouse of a veteran who received a War Veterans Allowance, or
[] (e) am a spouse or relative of a deceased owner who passed away this year and the owner would have been eligible as a senior or a person with disabilities.

PART C – CALCULATE ADJUSTED NET INCOME

For example, if you are applying for 2020, refer to your 2019 Notice of Assessment or income tax return.

A shared income partner is your spouse at anytime during the tax year.

If you claimed a disability credit on your income tax return for yourself, your shared-income partner or child, claim \$3,000 for each disabled person.

You do not qualify if your adjusted net income exceeds \$32,000.

This information is from your income tax return for the tax year of:

1. Enter your net income
(from Line 236 on your Notice of Assessment or income tax return) \$ _____ **1**
Note: If net income is a negative number (e.g. -\$2,300.00), enter 0
2. Enter the net income of your shared-income partner \$ _____ **2**
Note: If net income is a negative number (e.g. -\$2,300.00), enter 0
3. TOTAL NET INCOME (add Lines 1 and 2) \$ _____ **3**
4. If you have a shared-income partner, claim \$3,000 \$ _____ **4**
5. If you are 65 or older this year, claim \$3,000 \$ _____ **5**
6. If your shared-income partner is 65 or older this year, claim \$3,000 \$ _____ **6**
7. NUMBER OF DEPENDENT CHILDREN _____ x \$3,000 = \$ _____ (a)
number of children
- Minus one-half child care expenses (per child) claimed on your
(or your shared-income partner's) income tax return \$ _____ (b)
- Difference (subtract Line b from Line a) \$ _____ **7**
8. Universal Child Care Benefit reported on your (or your shared-income partner's) income tax return (Line 117) \$ _____ **8**
9. DISABILITY _____ x \$3,000 \$ _____ **9**
number of disabled persons
10. TOTAL DEDUCTIONS (add Lines 4 to 9) \$ _____ **10**
11. ADJUSTED NET INCOME (subtract Line 10 from Line 3) \$ _____ **11**
(If this amount is \$32,000 or less, you may qualify for a low income grant supplement.)

PART D – CERTIFICATION

- I hereby consent to the release, by the Canada Revenue Agency to an official of the Ministry of Finance, of information from my income tax returns, and if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information obtained will be relevant to, and used solely for the purpose of, determining and verifying my initial and ongoing entitlement to, and the general administration and enforcement of, the Low Income Grant Supplement under the Home Owner Grant Act, and will not be disclosed to any other person or organization without my approval.
- This authorization is valid for the most recently available of the two taxation years prior to the year of signature, the current taxation year, and each subsequent consecutive taxation year for which assistance is requested by me or on my behalf.
- I understand, if I wish to withdraw this consent, I may do so at any time by writing to the Grant Administrator, PO Box 9991 Stn Prov Govt, Victoria BC V8W 9R7.
- I certify that the information on this form is correct and complete to the best of my knowledge.

SIGNATURE OF APPLICANT	NAME OF APPLICANT	SOCIAL INSURANCE NUMBER	DATE OF BIRTH YYYY / MM / DD	DATE SIGNED YYYY / MM / DD
X				
SIGNATURE OF SHARED-INCOME PARTNER	NAME OF SHARED-INCOME PARTNER	SOCIAL INSURANCE NUMBER	DATE OF BIRTH YYYY / MM / DD	DATE SIGNED YYYY / MM / DD
X				