



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

INSTRUCTIONS

- Find out if you qualify for the veterans supplement at gov.bc.ca/homeownergrant
Complete this form to apply for the veterans supplement if you are under 65 with a low income and have been a member of the Canadian Armed Forces.
NOTE: If you are 65 or older, see your property tax notice for instructions on how to claim the additional grant instead of this supplement.
Complete a separate form to apply for last year's supplement (retroactive claim).
Send us your completed application with your property tax notice.
If you have any questions, contact us: Telephone: 250 387-0555 Toll-free: 1 888 355-2700 Email: hogadmin@gov.bc.ca

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 (HOGA) under the authority of sections 8(1),(3) and 10(4) of the HOGA and under sections 26(a) and (c) of the FOIPPA.

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

Form with fields for LAST NAME, FIRST NAME, MIDDLE INITIAL, PROPERTY FOLIO NUMBER, TELEPHONE NUMBER, EMAIL ADDRESS, PROPERTY ADDRESS, PROVINCE, POSTAL CODE, MAILING ADDRESS.

PART B - VETERANS 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...
2. I also qualify for the veterans supplement amount and [if eligible, check (✓) only one below and complete the date]: (a) I am an owner of the property noted in Part A and the property is assessed and taxed for the current year. I was an officer or a non-commissioned member of the Canadian Forces and was honourably discharged on Date (YYYY / MM / DD), or (b) I am a spouse or relative of the deceased owner of the property noted in Part A and the property is assessed and taxed for the current year. The deceased owner was an officer or a non-commissioned member of the Canadian Forces and was honourably discharged on Date (YYYY / MM / DD).

PART C – CALCULATE ADJUSTED NET INCOME

This information is from your income tax return for the tax year of:
 (For example, if you are applying for 2016, refer to your 2015 Notice of Assessment or income tax return.)

1. Enter your net income \$ _____ **1**
 (from Line 236 on your *Notice of Assessment* or income tax return)
 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 your shared-income partner is 65 or older this year, claim \$3,000 \$ _____ **5**
6. NUMBER OF DEPENDENT CHILDREN _____ x \$3,000 = \$ _____ (a)
number of dependent children
 (A dependent child is a child who lives with you and is under 19 years of age.)
 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) \$ _____ **6**
7. Universal Child Care Benefit reported on your (or your
 shared-income partner's) income tax return (Line 117) \$ _____ **7**
8. DISABILITY _____ x \$3,000 \$ _____ **8**
number of disabled persons
 (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.)
9. TOTAL DEDUCTIONS (add Lines 4 to 8) \$ _____ **9**
10. ADJUSTED NET INCOME (subtract Line 9 from Line 3) \$ _____ **10**
 (If this amount is \$32,000 or less, you may qualify for the veterans supplement.
 You do not qualify if your adjusted net income exceeds \$32,000.)

PART D – CERTIFICATION

- I hereby consent to the release, by the Canada Revenue Agency to an official of the Ministry of Finance, 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 Veterans 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				