



HOME OWNER GRANT Consent for Release of Information

under the Home Owner Grant Act

INSTRUCTIONS

- If you do not have a Confirmation of Assistance statement from the Ministry of Social Development and Poverty Reduction (SDPR), complete this form to show you are receiving provincial disability assistance and have Part B completed by an SDPR representative.
Mail this completed form with your home owner grant application to PO Box 9446, Stn Prov Govt, Victoria BC V8W 9V6. Or, go to gov.bc.ca/homeownergrant and follow the instructions on how to submit this form and documents online.

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 and 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 - HOME OWNER GRANT APPLICANT INFORMATION

Form with fields: LAST NAME, FIRST NAME, ROLL NUMBER (see your property tax notice), JURISDICTION NUMBER, EMAIL ADDRESS (optional), PROPERTY ADDRESS (house number, street and city of residence), PROVINCE (BC), POSTAL CODE.

I give permission to the Ministry of Social Development and Poverty Reduction to confirm that I am designated as a person with disabilities and receive disability assistance, hardship assistance or a supplement under the Employment and Assistance for Persons with Disabilities Act.

SIGNATURE OF APPLICANT (with X), DATE SIGNED (YYYY / MM / DD)

This consent is effective on the date it is signed and will remain valid until you request it be cancelled. NOTE: If you are signing on behalf of the applicant, you must attach proof of legal authority (for example, a copy of a Power of Attorney).

PART B - MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION

The individual mentioned above is designated as a person with disabilities and receives disability assistance, hardship assistance or a supplement under the Employment and Assistance for Persons with Disabilities Act. YYYYY / MM / DD

Form with checkboxes: NO, YES. If YES, enter start date of assistance:

COMMENTS (if required)

Form with fields: NAME OF SDPR REPRESENTATIVE, TELEPHONE NUMBER, SIGNATURE OF SDPR REPRESENTATIVE (with X), DATE SIGNED (YYYY / MM / DD)