BRITISH COLUMBIA | Ministry of Finance

Home Owner Grant Administration
gov.bc.ca/homeownergrant

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 Social Innovation (SDSI), complete this form to show you are receiving provincial disability assistance and have Part B completed by an SDSI representative.
- Send this completed form with your home owner grant application to the address on your property tax notice.

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. Questions about the collection, use or disclosure of this information can be directed to the Manager, Home Owner Grant Administration, PO Box 9991 Stn Prov Govt, Victoria BC V8W 9R7 (telephone: Victoria at 250 356-8904 or toll-free at 1 888 355-2700). Email: **HOGADMIN@gov.bc.ca**

PART A – HOME OWNER GRANT APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL

PROPERTY FOLIO NUMBER (*see your property tax notice*)	EMAIL ADDRESS (*optional*)

PROPERTY ADDRESS (*house number, street and city of residence*)	PROVINCE	POSTAL CODE
	BC	

I give permission to the Ministry of Social Development and Social Innovation 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	DATE SIGNED YYYY / MM / DD
X	

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 SOCIAL INNOVATION

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*.

☐ YES ☐ NO

COMMENTS (*if required*)

NAME OF SDSI REPRESENTATIVE	TELEPHONE NUMBER
	( )

SIGNATURE OF SDSI REPRESENTATIVE	DATE SIGNED YYYY / MM / DD
X	

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