



CERTIFICATE OF HEALTH PROFESSIONAL AND PROPERTY OWNER (FORM B)

under the Home Owner Grant Act

GENERAL INSTRUCTIONS

- Submit this completed form, original receipts and your home owner grant application (FIN 78) to the address on your property tax notice.
If you receive provincial disability assistance, do not complete this form. See your home owner grant application for instructions.
See Page 2 for more information.

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 - PROPERTY OWNER / PERSON WITH DISABILITIES INFORMATION (Complete Part A before health professional completes Part C)

Form with fields: LEGAL NAME OF PROPERTY OWNER, LEGAL NAME OF PERSON WITH DISABILITIES, PROPERTY FOLIO NUMBER, TELEPHONE NUMBER, PROPERTY ADDRESS, PROVINCE (BC), POSTAL CODE.

PART B - PROPERTY OWNER CERTIFICATION (Complete Part B before health professional completes Part C)

Check (✓) one box only for section 1 and one box only for section 2. Health professional must initial section 3.

- 1. (a) I am the property owner and the person with disabilities named above, or
(b) the person with disabilities named above is my spouse and we live on the property as our principal residence, or
(c) the person with disabilities named above is a relative and we live on the property as our principal residence. State how the person is related to you (see Page 2 for the definition):

- 2. I certify that to accommodate the needs of the person with disabilities named above:
(a) I am incurring costs for help with daily living activities in our principal residence that average at least \$150 per month during the calendar year, or
(b) I incurred costs of at least \$2,000 for a qualifying modification to our principal residence or land, or for a qualifying modification incorporated into our newly constructed principal residence or land, or
(c) I purchased our principal residence with a qualifying modification completed by a previous owner and the modification cost at least \$2,000.

3. Describe the nature of the help or the modification you indicated in section 2: [HEALTH PROFESSIONAL INITIALS box]

I understand that I must submit original receipts and any associated documentation with this form. SIGNATURE OF PROPERTY OWNER, DATE SIGNED YYYY / MM / DD

PART C – HEALTH PROFESSIONAL INFORMATION (Complete Part C after property owner completes Part A and B)

LEGAL NAME OF HEALTH PROFESSIONAL

TYPE OF HEALTH PROFESSIONAL

MAILING ADDRESS (include number, street and city)

PROVINCE
BC

POSTAL CODE

1) What is the nature of the person's disability?

2) When was this disability diagnosed?

YYYY

3) Is the disability likely to continue for at least 2 years?

 YES NO

4) The person with disabilities requires:

(a) help in one or more of their daily living activities in their principal residence

 YES NO

(b) a qualifying modification to their principal residence or land to ensure mobility, safety, access, or to reduce the risk of harm.

 YES NO**CERTIFICATION** – I certify that the answers to all of these questions are, in my professional opinion, true and apply to the person with disabilities named in Part A. I have initialled the box in Part B.

SIGNATURE OF HEALTH PROFESSIONAL

DATE SIGNED
YYYY / MM / DD

X

Property Owner – If you are a property owner who qualifies for the home owner grant, and you have a disability that is likely to continue for at least 2 years, or you are the spouse or relative of a person with a disability who lives in your principal residence, you may be eligible for an additional home owner grant. To see if you are eligible, visit our website at gov.bc.ca/homeownergrant

Complete this form only the first year that you apply. Complete Part A and B first, then have the health professional for the person with the disabilities initial Part B and complete Part C.

Health Professional – The health professional for the person with the disabilities identified in Part A must initial Part B, complete Part C and return the form to the person with the disabilities.A **health professional** is:

- a medical practitioner,
- a nurse practitioner,
- a registered psychologist who is authorized by the College of Psychologists of BC to practise psychology, or
- an occupational therapist authorized by the College of Occupational Therapists of BC to practise occupational therapy.

A **person with disabilities** is someone who has a severe mental or physical impairment that, in the opinion of a health professional, is likely to continue for at least 2 years. This impairment directly and significantly restricts the person's ability to perform one or more daily living activities either continuously or periodically for extended periods. In order to perform daily living activities, the person requires significant help or supervision of another person, help from an assistive device or the services of an assistance animal, or requires a qualifying modification to their principal residence or land.A **relative** is a child, grandchild, brother, sister, parent, stepparent or grandparent of the person with a disability, or a person who stands in place of a parent to the person with a disability.**Qualifying modifications** are changes to the principal residence or land that are necessary for the person with disabilities to gain access to, be mobile or functional in, or reduce the risk of harm in the principal residence or on the land.A **daily living activity** includes these activities in their principal residence: preparing meals, managing finances, performing housework, moving about inside, performing personal hygiene and self care, managing medication, making decisions about activities, care or finances, and relating to, communicating or interacting with others effectively.