



APPLICATION FOR RETROACTIVE HOME OWNER GRANT

Email: hogadmin@gov.bc.ca
Telephone: 250 356-8904 or Toll-free: 1 888 355-2700

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...

For Real Property Taxation Branch Use Only
ADDRESS CHANGE - PLEASE PRINT
TICK (✓) IF APPLICABLE [] NEW OWNER [] PERMANENT ADDRESS CHANGE

P R A TAX YEAR SPECIAL TRANSACTION DATE ACT. USE NEIGH. TEN/EQ. HOG T/P
EXPLANATION FIELD
FILE CODE STANDARD EXPLANATION CODES TRANS CODE H.O.G. PROP. STATEMENT PROP. ELIG. FORF. STATUS INITIALS
MORTGAGE NO. ACCOUNT NO. HOG AMOUNT

HOME OWNER GRANT APPLICATION - It is an offence subject to a penalty of up to \$10,000 to make false application for a Home Owner Grant

- 1. I, _____ (print name in full) certify the following:
(a) I am an owner (or I am a spouse/relative of the deceased owner) of the property identified on this application form ("this Property") that is assessed and taxed for the current year;
(b) I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence, the whole or part of the building(s) located on this Property;
(c) Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.
2. I am eligible for the additional grant for a reason which follows:
[] (a) I am or will be 65 or over during this calendar year;
[] (b) I am in receipt of, am the spouse of a person who is in receipt of, or am the spouse of a deceased person who was, on the date of death, in receipt of an allowance under the War Veterans Allowance Act (Canada) or the Civilian War-related Benefits Act (Canada);
[] (c) I am designated as a person with disabilities, and receiving disability assistance, hardship assistance or a supplement, under the BC Employment and Assistance for Persons with Disabilities Act; or
[] (d) I am a person with disabilities, or am the spouse or relative of a person with disabilities, and the person with disabilities resides with me, and I have provided the collector with the required Form B certificate;
[] (e) I am the spouse or relative of an owner who passed away in the current year who would have been eligible under paragraph (a), (b), (c), or (d) and I occupied the eligible residence as my principal residence on the date of that owner's death.
3. I understand that the collector, and/or the Branch may require any documentation necessary to establish my eligibility for the grant. I also understand that the Branch may confirm my age and address with the Insurance Corporation of British Columbia.

SIGN HERE - OWNER (OR SPOUSE OR RELATIVE OF DECEASED OWNER)
DATE OF BIRTH YYYY / MM / DD
DATE SIGNED YYYY / MM / DD
ADDRESS OF RESIDENCE
PROPERTY FOLIO (ACCOUNT) NO.
HOME PHONE NO. ()
WORK PHONE NO. ()
CELL PHONE NO. ()

I am providing two of the following documents to support my residency as at December 31, _____
[] BC telephone bill
[] Copy of owner-occupied home insurance policy
[] Other (i.e. moving bills, employment or pension cheques, income tax assessment notices, bank statements, etc.)
I am a Canadian citizen or permanent resident in BC and:
a) I hold a valid BC driver's licence, number: _____
b) my BC Medical Plan number is _____
c) I file my Income Tax Return in BC [] YES [] NO
d) I own property outside of BC for other than recreational purposes [] YES [] NO

The name of my spouse or partner in a marriage-like relationship is _____
If the property taxes on the residence have been paid:
a) those taxes were paid by me [] YES [] NO
b) I owned the property at the time the taxes were paid [] YES [] NO
c) I resided on the property on December 31 [] YES [] NO
I did not claim the _____ (year) grant because: