

APPLICATION FOR RETROACTIVE HOME OWNER GRANT

under the *Home Owner Grant Act*

INSTRUCTIONS

- Find out if you qualify for the home owner grant at gov.bc.ca/homeownergrant
- Complete this form to apply for the home owner grant for the previous tax year and send it to the address on your property tax notice by December 31.
- If you are claiming the home owner grant for the current tax year, complete the *Application for Home Owner Grant* (**FIN 78**).

INFORMATION

- Only one home owner grant can be claimed by you or your spouse each year.
- You may be required to submit additional documentation to establish your eligibility and home owner grants are audited for up to seven years to ensure applicants are eligible for the grants they receive.
- The information provided on this form may be shared for the purposes of administering the *Land Tax Deferment Act*, *Property Transfer Tax Act* and *Taxation (Rural Area) Act*.

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 – APPLICANT INFORMATION (*owner, or the spouse or relative of the deceased owner living in the residence*)

LAST NAME	FIRST NAME	MIDDLE INITIAL
PROPERTY FOLIO NUMBER (<i>see your property tax notice</i>)	DATE OF BIRTH (<i>complete only if 65 years or older this year</i>) YYYY / MM / DD	
EMAIL ADDRESS (<i>optional</i>)	TELEPHONE NUMBER ()	
PROPERTY ADDRESS (<i>house number, street and city of residence</i>)	PROVINCE BC	POSTAL CODE
REASON YOU DID NOT APPLY LAST YEAR		

If you are applying on behalf of the applicant with their permission, enter your last name, first name and telephone number below:

LAST NAME	FIRST NAME	TELEPHONE NUMBER ()
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PART B – HOME OWNER GRANT CLAIM

To qualify for the home owner grant, on December 31 of the previous tax year, you must have:

- been a Canadian citizen or permanent resident of Canada,
- lived in BC, and
- owned and occupied this residence as your principal residence. If the property taxes on the residence for the previous tax year have been paid, you must have paid those taxes.

Complete section 1 to apply for the regular home owner grant amount.

Complete sections 1 and 2 to apply for the additional grant amount.

1. I qualify for the home owner grant for the previous tax year and:

I am the registered owner of the residence, **or** the spouse or relative of the deceased owner and at the date the owner passed away we both occupied this residence as our principal residence.

2. I also qualify for the additional grant amount because during the previous tax year:
[if eligible, check (✓) only **one** below]

(a) I was a senior aged 65 or older,

(b) I received provincial disability assistance, hardship assistance or a supplement under the *Employment and Assistance for Persons with Disabilities Act*,

[If this is your first year applying for the home owner grant for this residence, provide supporting documentation such as a copy of your *Confirmation of Assistance* from the Ministry of Social Development and Social Innovation or the *Home Owner Grant Consent for Release of Information* (**FIN 81**)]

(c) I did not receive assistance as above, but I was a person with disabilities or I was living with a spouse or relative with disabilities and I provided a completed *Form B – Certificate of Physician and Property Owner* (**FIN 74**) to the tax collector in a previous tax year,

(d) I was a surviving spouse of a veteran who received a War Veterans Allowance, **or**

(e) I was a spouse or relative of a deceased owner who passed away that year and the owner would have been eligible as a senior or a person with disabilities.

PART C – CERTIFICATION

I certify that the information on this form is correct and complete to the best of my knowledge.

SIGNATURE

X

DATE SIGNED
YYYY / MM / DD