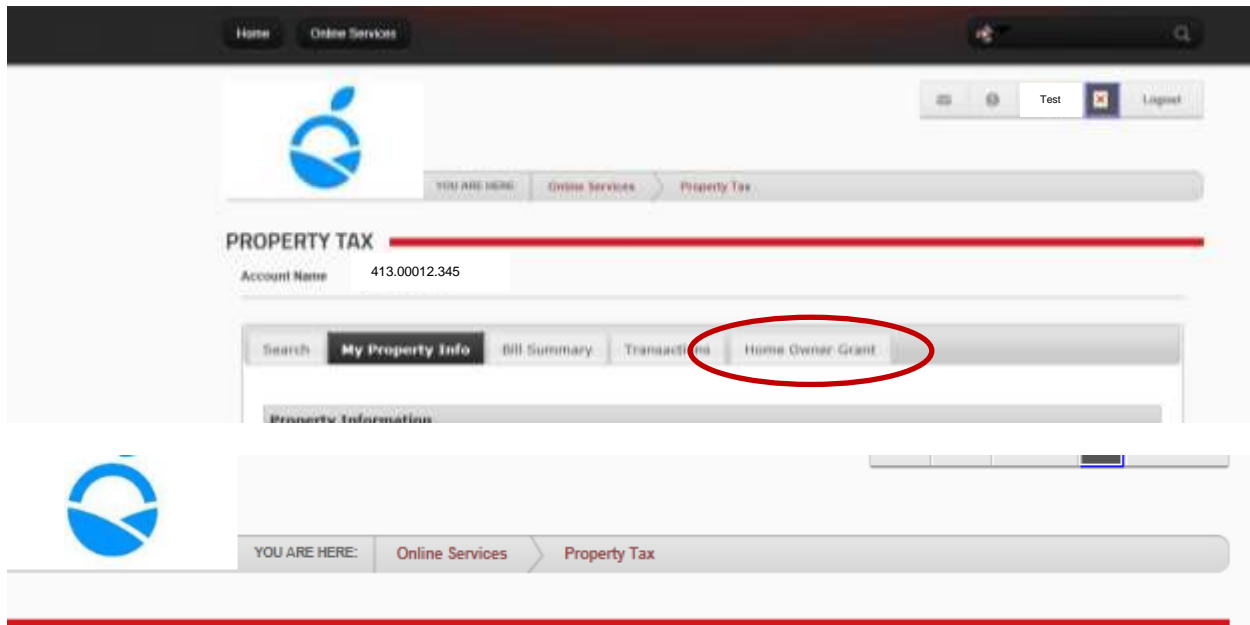


To claim your Home Owner Grant, click the “Home Owner Grant” tab.



Applicant's Property Information:

Jur Number: 413	Street Address: 2468 Anywhere Avenue
Roll Number: 12.345	Postal/Zip Code:
Property ID: 987-654-321	

Home Owner Grant Application

The information collected on this form is collected under the authority of the *Home Owner Grant Act, R.S.B.C. 1996, c. 194*. The information provided will be used to process your Home Owner Grant Claim and may be shared for the purposes of administering the Land Tax Deferment Act, Property Transfer Tax Act and Taxation (Rural Area) Act. If you have any privacy concerns about how this information is used, contact the Home Owner Grant Administration of the Ministry of Small Business and Revenue at (250) 356-8904.

1. First Name: _____ Last Name: _____ certify that:

- 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.

The amount of the basic grant is **\$770.00**

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, date of birth being _____ ; (1949 or earlier) or
- 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 Veteran Allowance Act (Canada) or the Civilian War-related Benefits Act (Canada); or
- 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); or
- 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.

The amount of the grant under paragraphs (a), (b), (c), (d), (e) in section 2 is **\$1,045.00**

3. I understand that the collector and/or Home Owner Grant Administration may require any documentation necessary to establish my eligibility for the grant. I also understand that Home Owner Grant Administration may confirm my age and address with the Insurance Corporation of British Columbia.

Telephone: _____
Email Address: _____

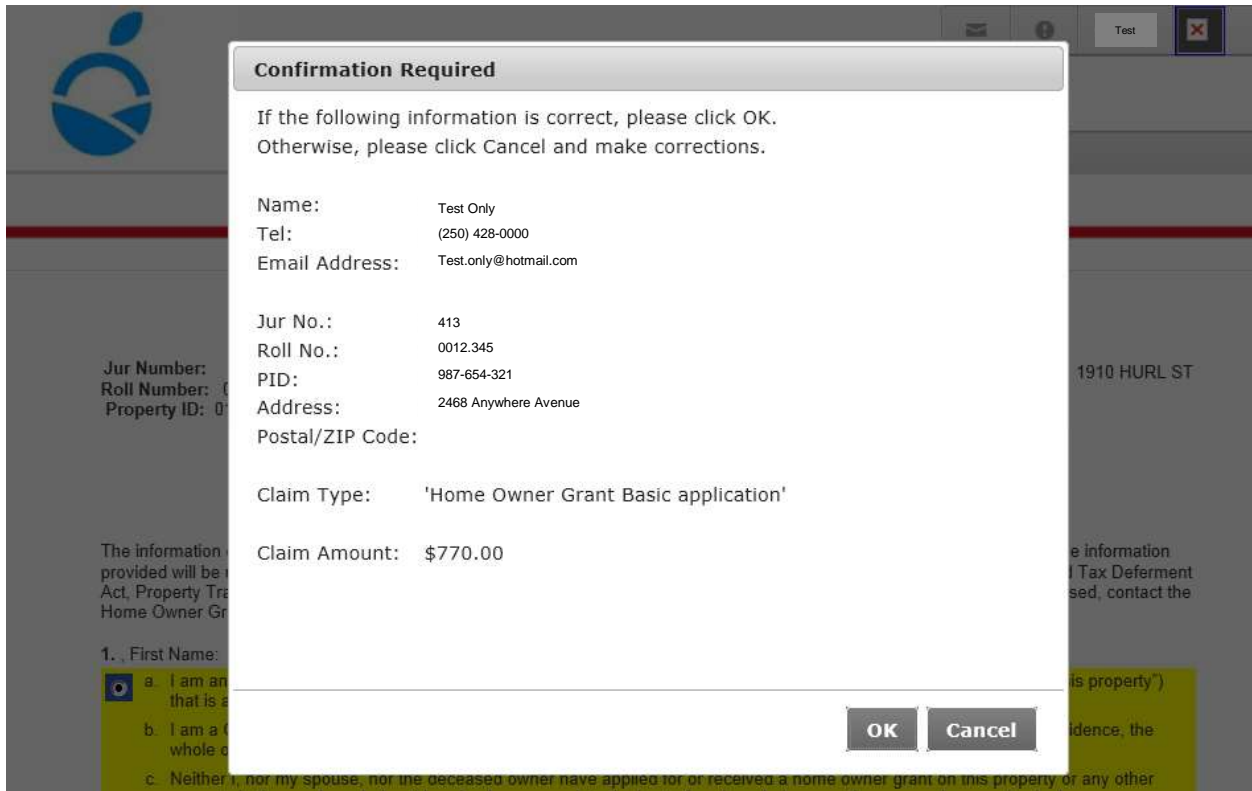
By submitting the Information that I have entered on this Application, I certify that:

- a. I am the person named in section 1;
- b. I am the person eligible for the Grant in section 2; and The information I have submitted is true, correct and complete.

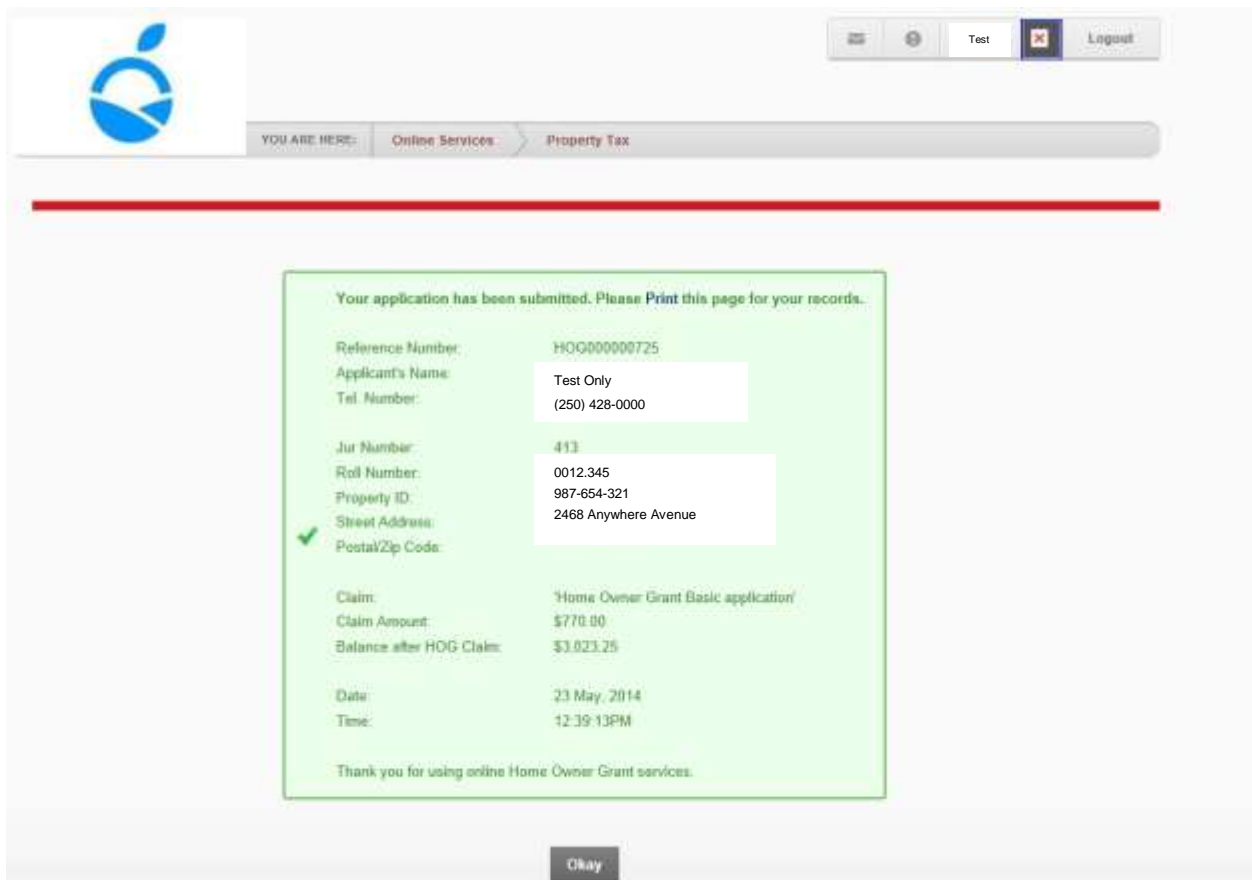
- **IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO \$10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.**

Claim

Fill in the information as requested. Click “Claim”.



If the information is accepted it will give you a “Confirmation Required” screen. If information is correct, click the “OK” button.



Write down the “Reference Number” or print the page. Click “Okay”.