

Internet: www.sbr.gov.bc.ca/hog

Email: hogadmin.gov.bc.ca

Please type or print clearly

FOLIO NO.

PART A – TO BE COMPLETED BY PHYSICIAN

PATIENT NAME

PATIENT ADDRESS

POSTAL CODE

a) What is the nature of the disability?

b) When did this disability occur?

YYYY / MM / DD

c) Is the disability permanent?

YES NO

d) Is remedial therapy available that would significantly lessen the disability?

YES NO

e) In order to manage normal daily functioning in the home, is this disability sufficiently severe that the patient requires:

(i) physical assistance in the form of regular and extensive supervision or care? YES NO

(ii) structural modifications to his or her home? YES NO

PHYSICIAN NAME – *Please print*

PHYSICIAN ADDRESS

POSTAL CODE

PHYSICIAN CERTIFICATION

I have read the interpretation guidelines and hereby certify that the answers to the above questions are, in my professional opinion, true and apply to the patient named above.

PHYSICIAN'S SIGNATURE

DATE SIGNED
YYYY / MM / DD

X

PART B – TO BE COMPLETED BY PROPERTY OWNER

a) I am the person named in Part A above, **OR**

I am the spouse or a relative (as defined in the Home Owner Grant Act Regulation) _____ (*relationship*) of the person named in Part A above and that person resides in my principal residence.

b) I certify that in order for me or my spouse or relative to manage normal daily functioning in my principal residence:

(i) I am incurring costs for physical assistance in my principal residence that exceed \$150 per month,

(ii) has required either of the following to meet the disability needs of the person with disabilities, in respect of which the owner has incurred costs that exceed \$2,000:

a) in the case of an existing principal residence, structural modifications to the principal residence;

b) in the case of a principal residence that is newly constructed or being constructed, structural features that have been incorporated into the principal residence,

(iii) I have purchased my principal residence with structural modifications completed by a previous owner that meet the disability needs of the person with disabilities and those modifications have a value that exceeds \$2,000.

c) The nature of the physical assistance or structural modifications is as follows:

d) I understand that I must retain the original receipts and documentation supporting the costs referred to in paragraph b(i) and (ii) for a period of 6 years and must provide these receipts and documentation upon request by my municipal or provincial tax collector or by the Home Owner Grant Administration.

PROPERTY OWNER ADDRESS

POSTAL CODE

PROPERTY OWNER SIGNATURE

DATE SIGNED
YYYY / MM / DD

X

INSTRUCTIONS TO PROPERTY OWNER

1. If you are a property owner and have a permanent disability, or you are the spouse or relative of a person with a permanent disability who resides in your home, you may be eligible for an additional grant under Schedule 2 of the *Home Owner Grant Act*.

Note: “Relative” means a child, grandchild, brother, sister, parent, stepparent or grandparent of the person with disabilities or a person who stands in place of a parent to the person with disabilities.

2. To be eligible to receive the additional grant, you must have original receipts and documentation showing that in order to manage normal daily functioning in the home you, on your own behalf or on behalf of your relative or spouse,
 - (a) are incurring costs for physical assistance in the home that exceed \$150 per month, or
 - (b) have incurred costs for structural modifications to your home that exceed an aggregate of \$2,000.
3. If a provincial or federal government agency or private insurer covers the costs for the physical assistance or structural modifications through the provision of benefits or payments (for example, workers compensation benefits, Insurance Corporation of British Columbia payments, or Canada Pension Plan disability benefits), the costs incurred are not eligible costs under the Regulation.
4. To apply, you must submit a certificate in Form B. Once a medical doctor has completed Part A in respect of the person with disabilities and you have completed Part B, forward the certificate to your municipal or provincial tax collector, along with your application for the Home Owner Grant, before the tax due date in the first year in which you apply for the additional grant.

GENERAL INTERPRETATION GUIDELINES

The following guidelines should be considered by **physicians** when providing information about a patient in **Part A** and by **owners** when completing **Part B**:

1. The intent of section 6 of the Home Owner Grant Act Regulation is to allow a home owner an additional grant under Schedule 2 of the *Home Owner Grant Act* if either the owner has a permanent disability or the owner is the spouse or relative of a person with a permanent disability who resides in the owner’s home and that person requires physical assistance or structural modifications to the home in order to manage normal daily functioning in the home.
2. The disability must be of a permanent nature and there must be no remedial therapy available to the individual which would significantly lessen the disability.
3. A person does not necessarily qualify if he or she is in receipt of a disability pension or workers compensation benefits.
4. “Physical assistance” means regular and extensive supervision or care in the home that is necessary for the person with disabilities to manage normal daily functioning in the home (for example, meal preparation, assistance with personal care or hygiene). Assistance from a spouse or relative or assistance for activities outside the home does not qualify.
5. “Structural modifications” means structural changes to the home that are necessary for the person with disabilities to manage normal daily functioning in the home (for example, access ramps, widening of doorways, installation of an elevator or other lifting device).

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* (S.B.C. 1996, c. 194) under the authority of both this Act and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, Ministry of Small Business and Revenue, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 356-8904, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.) **Email: FOI.QRYS@gov.bc.ca**