



APPLICATION FOR HOME OWNER GRANT VETERANS SUPPLEMENT under the Home Owner Grant Act

INSTRUCTIONS

Step 1 – Make sure you qualify for the home owner grant veterans supplement before applying. Find out if you qualify at gov.bc.ca/homeownergrant

If you are 65 or older, apply for the regular and additional home owner grant instead of this supplement. The application is easier and the benefit amount is the same.

Step 2 – Complete this form to apply for the veterans supplement if you are under 65 with a low income and have been a member of the Canadian Armed Forces. If you are a spouse or relative of the deceased owner, the deceased owner must have qualified as the low income veteran to be eligible.

If you qualified for the supplement last year but did not apply, complete a separate form for each year.

Step 3 – Mail this completed application and any required supporting documents to:

Home Owner Grant PO Box 9446 STN PROV GOVT Victoria BC V8W 9V6

- If this is your first year applying for the veterans supplement for this residence, attach your (or the deceased owner's) Discharge Certificate issued by the Department of National Defence. We must receive your application and supporting documents by December 31 of the current tax year.

GENERAL INQUIRIES

Telephone: 250-387-0555 Toll free: 1-888-355-2700 Website: gov.bc.ca/homeownergrant

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 under the authority of 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 9446, Stn Prov Govt, Victoria BC V8W 9V6 (telephone: Victoria at 250-387-0555 or toll free at 1-888-355-2700).

PART A – APPLICANT INFORMATION (owner, or the deceased owner's spouse or relative living in the residence)

Form with fields for LAST NAME, FIRST NAME, TELEPHONE NUMBER, ROLL NUMBER, JURISDICTION NUMBER, EMAIL ADDRESS, PROPERTY ADDRESS, PROVINCE, POSTAL CODE, MAILING ADDRESS.

PART B – VETERANS SUPPLEMENT QUALIFICATIONS

- 1. I qualify for the home owner grant and: [ ] I am a Canadian citizen or permanent resident of Canada, I live in B.C., I occupy this residence as my principal residence, and I have applied for the regular home owner grant... 2. I also qualify for the veterans supplement amount and [if eligible, check (✓) only one below and complete the date]: [ ] (a) I am an owner of the property noted in Part A and the property is assessed and taxed for the current year. I was an officer or a noncommissioned member of the Canadian Forces and was honourably discharged on [Date], or [ ] (b) I am a spouse or relative of the deceased owner of the property noted in Part A and the property is assessed and taxed for the current year. The deceased owner was an officer or a noncommissioned member of the Canadian Forces and was honourably discharged on [Date].

## PART C – CALCULATE ADJUSTED NET INCOME

This information is from your income tax return for the tax year of:   
 (For example, if you are applying for 2020, refer to your 2019 Notice of Assessment or income tax return.)

1. Enter your net income \$ \_\_\_\_\_ **1**  
 (from Line 23600 on your Notice of Assessment or income tax return)  
 Note: If net income is a negative number (e.g. -\$2,300.00), enter 0
2. Enter the net income of your shared-income partner \$ \_\_\_\_\_ **2**  
 Note: If net income is a negative number (e.g. -\$2,300.00), enter 0
3. TOTAL NET INCOME (add Lines 1 and 2) \$ \_\_\_\_\_ **3**
4. If you have a shared-income partner, claim \$3,000 \$ \_\_\_\_\_ **4**
5. If your shared-income partner is 65 or older this year, claim \$3,000 \$ \_\_\_\_\_ **5**
6. NUMBER OF DEPENDENT CHILDREN \_\_\_\_\_ x \$3,000 = \$ \_\_\_\_\_ (a)  
number of dependent children  
 (A dependent child is a child who lives with you and is under 19 years of age.)  
 Minus one-half child care expenses (per child) claimed on your  
 (or your shared-income partner's) income tax return \$ \_\_\_\_\_ (b)  
 Difference (subtract Line b from Line a) \$ \_\_\_\_\_ **6**
7. Universal Child Care Benefit reported on your (or your  
 shared-income partner's) income tax return (Line 11700) \$ \_\_\_\_\_ **7**
8. DISABILITY \_\_\_\_\_ x \$3,000 \$ \_\_\_\_\_ **8**  
number of disabled persons  
 (If you claimed a disability credit on your income tax return for yourself, your  
 shared-income partner or child, claim \$3,000 for each disabled person.)
9. TOTAL DEDUCTIONS (add Lines 4 to 8) \$ \_\_\_\_\_ **9**
10. ADJUSTED NET INCOME (subtract Line 9 from Line 3) \$ \_\_\_\_\_ **10**  
 (If this amount is \$32,000 or less, you may qualify for the veterans supplement.  
 You do not qualify if your adjusted net income exceeds \$32,000.)

## PART D – CERTIFICATION

- I hereby consent to the release, by the Canada Revenue Agency to an official of the B.C. Ministry of Finance, of information from my income tax returns, and if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information obtained will be relevant to, and used solely for the purpose of, determining and verifying my initial and ongoing entitlement to, and the general administration and enforcement of, the Veterans Supplement under the Home Owner Grant Act, and will not be disclosed to any other person or organization without my approval.
- This authorization is valid for the most recently available of the two taxation years prior to the year of signature, the current taxation year, and each subsequent consecutive taxation year for which assistance is requested by me or on my behalf.
- I understand, if I wish to withdraw this consent, I may do so at any time by writing to the Grant Administrator, PO Box 9446 Stn Prov Govt, Victoria BC V8W 9V6.
- I certify that the information on this form is correct and complete to the best of my knowledge.

SIGNATURE OF APPLICANT	NAME OF APPLICANT	SOCIAL INSURANCE NUMBER	DATE OF BIRTH YYYY / MM / DD	DATE SIGNED YYYY / MM / DD
<b>X</b>				
SIGNATURE OF SHARED-INCOME PARTNER	NAME OF SHARED-INCOME PARTNER	SOCIAL INSURANCE NUMBER	DATE OF BIRTH YYYY / MM / DD	DATE SIGNED YYYY / MM / DD
<b>X</b>				