



Application for TFN Home Owner Grant Equivalent

TSAWWASSEN FIRST NATION
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INSTRUCTIONS

- Tsawwassen First Nation (TFN) provides a Home Owner Grant Equivalent (HOG E) which is equal to the grant set out in the Home Owner Grant Act. More info on eligibility for the BC Home Owner Grant can be found at gov.bc.ca/homeownergrant
- Complete this form to apply for the HOG E for the current tax year.
- Send your completed application and supporting document(s) to the address on your property tax notice. To avoid penalties, your application must be received by the due date stated on your property tax notice.
- If you miss the due date, you may apply for the HOG E until December 31; however, penalties may apply.
- If you did not claim the HOG E for the previous year, please contact TFN to apply.

INFORMATION

- Only one HOG E 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 grant equivalents are audited for up to seven years to ensure applicants are eligible for the grants they receive.
- For more information contact TFN at (604) 943-2112 or by email at taxation@tsawwassenfirstnation.com

The information on this form is collected under the authority of section 15(c) of TFN's Freedom of Information and Protection of Privacy Act. The information collected will be used for the purposes of administering the Tsawwassen Property Tax Act and the Tsawwassen First Nation Real Property Tax Co-ordination Agreement. The information will not be shared except in accordance with the Tsawwassen Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, please contact TFN's Information Management Coordinator at (604) 943-2112.

PART A – APPLICATION INFORMATION (owner, or the spouse or relative of the deceased owner living in the residence)

LAST NAME	FIRST NAME	MIDDLE INITIAL
PROPERTY ROLL NUMBER (see your property tax notice)	DATE OF BIRTH (complete only if 65 years or older this year)	
EMAIL ADDRESS (optional)	TELEPHONE NUMBER	
PROPERTY ADDRESS (house number, street and city of residence)	PROVINCE BC	POSTAL CODE

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, you must:

- be a Canadian citizen or permanent resident of Canada,
- live in BC, and
- occupy this residence as your principal residence.

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

Complete section 2 to apply for the additional grant amount.

1. I qualify for the home owner grant and:

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

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

(a) I am a senior aged 65 or older this year,

(b) I receive 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 copy of your Confirmation of Assistance from the Ministry of Social Development and Social Innovation.

(c) I do not receive assistance as above, but I am a person with disabilities or I am living with a spouse or relative with disabilities,
[If this is your first year applying for the home owner grant for this residence, attach a completed – *Certificate of Physician and Property Owner form* ([BC FIN 74](#))]

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

(e) I am a spouse or relative of a deceased owner who passed away this year and the owner would have been eligible as a senior or 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	DATE SIGNED YYYY / MM / DD
X	

I certify that my typed signature above can be considered as equivalent to my actual signature