



BRITISH COLUMBIA

Ministry of Finance

Home Owner Grant Administration

HOME OWNER GRANT
Consent for Release of Information

Instructions:

- Return completed form to the municipal or provincial authority collector noted on this form.
Please type or print clearly.
If you require additional information, visit our website at 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 section 26(a) of the FOIPPA. Questions about the collection or use 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 and ask to be re-directed.)

PART A - HOME OWNER GRANT APPLICANT

MINISTRY OF SOCIAL DEVELOPMENT DISTRICT OFFICE ADDRESS

APPLICANT NAME

APPLICANT ADDRESS

POSTAL CODE

I/We give permission to the Ministry of Social Development to confirm this information with:

NAME OF OFFICIAL

POSITION

MUNICIPALITY OR PROVINCIAL AUTHORITY

ADDRESS

POSTAL CODE

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 effective:

FROM YYYY / MM / DD

TO YYYY / MM / DD

APPLICANT SIGNATURE

DATE SIGNED YYYY / MM / DD

X

PART B - MINISTRY OF SOCIAL DEVELOPMENT

MINISTRY OF SOCIAL DEVELOPMENT CONFIRMATION:

checkbox

ABOVE CONFIRMED

checkbox

ABOVE NOT CONFIRMED

COMMENTS

MINISTRY REPRESENTATIVE SIGNATURE

DATE SIGNED YYYY / MM / DD

X