

HOME ADAPTATIONS *for* INDEPENDENCE

Application for Homeowners

This application is for the homeowner whose primary residence requires adaptations to help with a member of the household who has a permanent disability or diminished ability.

For more details on how to apply, see the Home Adaptations For Independence (HAFI) Application Guide at www.bchousing.org/HAFI.

This application is designed to collect specific information from applicants applying for the Home Adaptations for Independence program in accordance with Section 26(c) of the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection or use of the information, please call 604-433-1711 and ask to speak to BC Housing's Freedom of Information Officer.

The HAFI program is funded under the Canada-BC Affordable Housing Initiative through the government of Canada and the Province of British Columbia.

Required Documents

Do not send originals. Submitted documents will not be returned to you.

- A copy of your most recent Property Assessment Notice for the purpose of verifying the value of your home. To be eligible, your assessed home value must be within the local limit established by BC Housing.
- Copies of most recent Income Tax Notice of Assessment, or an acceptable alternative of income proof, and proof of assets for your entire household.
- A copy of a recent statement showing the outstanding balance on your mortgage and a copy of a recent statement showing the balance and limits of all credit lines you possess, for the purpose of reviewing your ability to finance the requested adaptations.
- Proof of residency at the home needing adaptations, such as a copy of utility bill, BC ID/driver's licence etc.
- A written itemized estimate for the work requested. Adaptations exceeding \$5,000 require two estimates. Adaptations exceeding \$15,000 require three estimates.
- If your home is part of a strata: a document showing the strata's concurrence with the proposed adaptations and that the repairs to the home are the sole responsibility of the property owner and not part of a special levy.



HOMEOWNER INFORMATION

If more than one individual owns the home, list all of the owner(s). Attach a separate sheet if you need more space.

Applicant information:	<input type="checkbox"/> Homeowner (Applicant)	<input type="checkbox"/> Additional Owner (if applicable)
Name (last name, first name):		
Street address:		
City, Province:		
Postal code:		
Phone number:		
Email address:		
Year of birth:		

Home Information

Type of property:	<input type="checkbox"/> Single-detached home <input type="checkbox"/> Multiple: duplex/apartment/townhouse <input type="checkbox"/> Mobile home <input type="checkbox"/> Other: _____
What is the approximate year the property was built?	
Is the property part of a strata corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did this property receive financial assistance from CMHC or BC Housing to complete any home repairs or modifications in the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$ _____

Household Composition, Income and Assets

To determine the Housing Income Limit that applies to you, please list yourself and details for all members in your household. Then list the gross yearly income (before deductions) for each household member. Put "0" if they do not have any income. Attach a separate sheet if needed. You will need to submit an Income Tax Notice of Assessment, or an acceptable alternative of proof (see Application Guide), for the entire household.

Name (last name, first name)	Relationship to Homeowner	Year of Birth	Gender	Gross Yearly Income (\$)
	Self			
Total gross yearly income for household				\$

List the current value of assets held by your entire household. *DO NOT* include RRSP's, RESP's, RDSP's, vehicles, or your home if you own it. Submit copies of bank statements or letters from financial institutions stating proof of all assets.

Cash/Bank Balance	
Stocks/Bonds/Term Deposits/Mutual Funds	
Business Equity	
Land, Real Estate or Property Holdings (<u>not</u> the home that you live in)	
Other assets (<u>not</u> the home that you live in)	
Total value of assets for household	\$

About the Person(s) Needing Home Adaptations

Name(s):

For what activities of daily living do you need assistance? (✓ check all that apply):

- Approaching or moving around your home (for example, using the stairs or getting through doors etc.)
 Seeing or hearing (for example, answering the door, using the telephone, or hearing fire alarms etc.)
 Using the bedroom, kitchen and/or bathroom Other: _____

Please describe your permanent disability or diminished ability:

How will the adaptations help you to continue to live independently? (✓ check all that apply):

- Increased comfort Better mobility Ability to perform everyday activities
 Increased safety and security Self-sufficiency Other: _____

Do you or any member of your household identify as being an Aboriginal person in Canada? Yes No No Response
 If yes, please select the option that best describes your Aboriginal identity: First Nations Métis Inuit Other

Did Someone Help You Complete this Form?

If yes, who helped? Medical professional Social worker Volunteer Family, friend or neighbour Other
 Their full name: _____ Their phone number: _____

Preferred Method of Contact

In order to establish eligibility and determine the most appropriate adaptations, BC Housing or BC Housing's authorized representative may need to seek further information or clarification. Which is your preferred method contact?

- Homeowner's phone number Homeowner's email Person who helped you complete this form

To establish eligibility and determine the most appropriate adaptations, BC Housing or BC Housing's authorized representative may need to seek further information or clarification from the property owner and/or the person who helped you complete this form.

I hereby:

- Confirm that I am a Canadian citizen or landed immigrant and permanently reside in British Columbia.
- Authorize BC Housing, or BC Housing's authorized representative, to contact the property owner and/or the person who helped me complete this form and to share with them the information contained in this form, solely for the purpose of processing my application and subject to Section 26(c) of the *Freedom of Information and Protection of Privacy Act*.
- Confirm that upon the request of BC Housing or BC Housing's authorized representative, I will submit verification from a qualified person to confirm that I have a permanent disability or diminished ability that warrants the adaptation.
- Confirm that to the best of my knowledge the information provided herein is complete and accurate in every respect.

Signature of person needing home adaptations:

Date:

Signature of any additional person needing home adaptations

Date:

ADAPTATIONS REQUESTED

Only adaptations that directly address a household's permanent disability or diminished ability are eligible. Only adaptations related to housing and to be permanently installed within or around the dwelling will be accepted. For a complete list of eligible adaptations, see HAFI Application Guide, *List of Eligible Adaptations*, at www.bchousing.org/HAFI.

A written itemized estimate for the work is required. Adaptations exceeding \$5,000 require two estimates. Adaptations exceeding \$15,000 require three estimates. If you are the homeowner and you plan on completing the adaptations yourself, you cannot claim for your labour.

You are responsible for ensuring that any required permits are obtained; copies are required before payment is made. Any repairs completed prior to receiving written approval from BC Housing **will not** be eligible for assistance.

ESTIMATE #1 **Obtained from an individual or organization qualified to complete the adaptations. Attach an itemized written estimate with application.**

Name of individual / organization:			
Contact information:			Date:
Handles, rails and grab bars:	Materials	Labour	Total
Walkways, ramps and lifts:	Materials	Labour	Total
Bathrooms, toilets and kitchen:	Materials	Labour	Total
Other:	Materials	Labour	Total
Does any of the above work require a permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Total (including Tax) \$

ESTIMATE #2 **Obtained from an individual or organization qualified to complete the adaptations. Attach itemized written estimate with application.**

Name of individual / organization:			
Contact information:			Date:
Handles, rails and grab bars:	Materials	Labour	Total
Walkways, ramps and lifts:	Materials	Labour	Total
Bathrooms, toilets and kitchen:	Materials	Labour	Total
Other:	Materials	Labour	Total
Does any of the above work require a permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Total (including Tax) \$

Declaration by Homeowner

The *Freedom of Information and Protection of Privacy Act* covers the collection, use and disclosure of personal information in BC Housing's files. This application is designed to collect specific information from applicants seeking assistance through the Home Adaptations for Independence program in accordance with Section 26(c) of the Act.

I acknowledge and understand that the following terms and conditions apply to this application and, if assistance is approved, to any subsequent grant or loan approved by BC Housing:

1. I/we permit BC Housing to verify any of the information that I/we have provided in this application in order to access assistance through the HAFI program.
2. Any work carried out before written confirmation of approval from BC Housing is not eligible for assistance.
3. The entire amount of assistance, if approved, may only be used to finance BC Housing approved home adaptations for the property identified on this application form.
4. Any repair or adaptation costs exceeding the approved assistance will be the sole responsibility of the property owner(s), and must be paid in full before any funds will be advanced by BC Housing.
5. The assistance will be subject to the terms and conditions set out in BC Housing's final commitment letter and any related documentation (e.g. grant, forgivable loan, promissory note etc.).
6. In the event that any terms and conditions of the assistance are not met, or that a false declaration is knowingly made, BC Housing shall have the right to cancel the approval and recover any paid funds. Additional interest of 18% may be charged.

I hereby:

- Confirm that I am the property owner of the home to be adapted.
- Confirm that I am a Canadian citizen or landed immigrant and permanently reside in British Columbia.
- Authorize the inspection of this property as required, on the understanding that any inspections conducted by BC Housing and/or its authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable legislation, building codes or standards, or municipal or strata by-laws.
- Authorize BC Housing and/or its authorized representative or agents to inquire with Canada Mortgage and Housing Corporation for the purpose of confirming if any assistance was received under any renovation programs.
- Confirm that the units or common areas for adaptation are not part of a development which receives or has received government housing assistance.
- Confirm that subsequent to the adaptations, for the length of the forgiveness period of one year for assistance up to \$5,000; or three years for assistance over \$5,000, I must continue to own and occupy the home or the assistance may be repayable.
- Confirm that to the best of my knowledge the information provided is complete and accurate in every respect.

Print name of property owner	Signature of property owner	Date
<i>Where there is more than one property owner, all registered owners must agree to the modifications. Attach a separate sheet if you need more space.</i>		
Print name of additional property owner	Signature of additional property owner	Date

Submit completed applications to:

Home Adaptations for Independence Program
BC Housing
Homeowner Protection Branch
Suite 650 – 4789 Kingsway
Burnaby, BC V5H 0A3
Email: hafi@bchousing.org
Fax: 604-646-7054