

Landlord and Tenant Application

Effective January 2021

Application Instructions

Step 1 – Check if you are eligible.

Step 2 – Landlord completes the Landlord portion of the Application Form and Tenant completes the Tenant portion of the Application Form.

Step 3 – Get an in-home Occupational Therapist (OT) or Physical Therapist (PT) Assessment (if required). Visit www.bchousing.org/BC-RAHA for more information on how to find an OT or PT.

Step 4 – Have the OT or PT complete the Assessment Form (if required).

Step 5 – Submit your completed application, supporting documents, and Assessment Form (if required) to:

BC Rebate for Accessible Home Adaptations
101 – 4555 Kingsway
Burnaby, BC V5H 4V8

Avoid processing delays

Funding is limited, therefore fully completed applications with all supporting documents will be reviewed in the order they are received.

Applications must:

- Be complete, signed and dated
- Have all sections and declarations complete
 - Part 1 – Landlord
 - Part 2 – Tenant
- Include all supporting documents as listed in the attached checklist
- Include the Assessment Form, completed by an Occupational or Physical Therapist (if required).

Applications submitted without required documents can be held for a maximum of 90 days.

The BC Rebate for Accessible Home Adaptations (BC RAHA) provides financial assistance to eligible low and moderate income households to complete home adaptations which will allow them to continue living independently in their home.

Who is eligible?

You may be eligible for BC RAHA if you meet all the following conditions:

1. The unit for adaptations is a legal, self-contained unit with a full kitchen and bathroom within the unit.
2. The unit is rented to a household who lives independently (i.e. not assisted living).
3. A member of the tenant's household has a permanent disability or loss of ability.
4. The adaptations are directly related to the permanent disability or loss of ability. *Some adaptations must be supported by an Occupational or Physical Therapist assessment and recommendation.*
5. A Tenancy Agreement is in place with the rent falling below the Rent Affordability Limits (RALs).
6. The landlord agrees that the rent for the adapted unit(s) will not be increased as a result of the adaptations.
7. The tenant(s) and the person(s) requiring the adaptation must meet one of the following Citizenship requirements: Canadian citizen, or authorized to take up permanent residence in Canada, or Convention refugee; and are not under private sponsorship.
8. The tenant's gross household income does not exceed \$117,080.
9. The tenant's household assets are less than \$100,000.

Additional information is available online at www.bchousing.org/BC-RAHA or by calling the BC RAHA office at the number below.

Please review the following checklist to make sure that all required information is included with your application. Fully completed applications will be reviewed first, in the order in which they are received. **Please do not submit original documents.**

Documents for Landlords to Submit

1. If you are an authorized agent for the property owner

- Letter or documentation from the property owner confirming authorization for you to act on their behalf

2. Proof of Tenancy

- A copy of a signed lease, tenancy agreement, or rent receipts showing the current rent amount for each unit

3. If the property is part of a housing co-operative

- A letter from the co-operative stating:
- The development does not receive subsidy from any level of government
 - Confirming the number of units in the development
 - Confirmation the occupant is a renter and not an owner or member
 - Approval of the requested adaptations

4. If the property is a suite in a single-family home

- Confirmation the property for adaptation is a legal, self-contained unit:
- Municipal Property Tax Assessment showing the unit is registered with the municipality
 - Municipal Utility Bill showing charges for two units at the same address

FOR OFFICE USE ONLY	
File:	Date:

Please Print Clearly

Part 1 – To be completed by Landlord

1. Landlord Information Property owner Owner's Authorized Agent

Last name(s)	First name(s)	Organization (if applicable)
Last name(s)	First name(s)	Organization (if applicable)

2. Landlord Contact Information

Apt #	Street #	Street name		
City			B.C.	Postal code
Home phone () -		Cell phone () -		Work phone () -

3. Rental Property Information

Apt #	Street #	Street name		
City			B.C.	Postal code

3a. Type of Property

<input type="checkbox"/> Single-detached home	<input type="checkbox"/> Multiple: duplex/apartment/townhouse	<input type="checkbox"/> Suite in a single-family home
<input type="checkbox"/> Manufactured/trailer/mobile home	<input type="checkbox"/> Other: _____	
Has this property previously received financial assistance through HAFI (after April 2019) and/or BC RAHA?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

3b. How many units will be adapted?

<input type="checkbox"/> 1 unit <input type="checkbox"/> 2 units <input type="checkbox"/> 3 units <input type="checkbox"/> 4 units <input type="checkbox"/> 5 units	
Unit Number	Tenant Name

PLEASE READ AND SIGN

I/We declare:

- that I/we are the owner(s)/authorized agent of the property identified in this application, and that it is my/our application, and that all the information in it is true, correct and complete in every respect; and accurately represents my/our property information.
- that I/we have received authorization from all household members, authorized contacts, and anyone that helped me/us complete this form to provide their personal information.

I/We permit:

- BC Housing to verify any of the information I/we have provided in this application in order to assess my/our eligibility for assistance under the BC Rebate for Accessible Home Adaptations.

I/We acknowledge and understand that:

- it is my/our responsibility to promptly provide, or cause to be provided, all information and documentation that is reasonably requested by BC Housing to determine my/our eligibility for assistance and/or for audit or inspection purposes.
- I/we are responsible to immediately inform BC Housing of any changes in my/our address or property information so that eligibility for assistance can be determined accordingly.
- BC Housing reserves the right to review and refuse any items that are not directly related to a permanent disability or loss of ability, or considered to be a duplicate or previously funded adaptations.
- any work carried out before written confirmation of approval from BC Housing is not eligible for assistance.
- if approved, the assistance is subject to the terms and conditions set out in BC Housing's final approval letter.
- BC Housing may audit or inspect my/our property during or after adaptations and that assistance may be adjusted or denied if the audit or inspection reveals errors or omissions in any information.
- if I/we wish to withdraw this Declaration and Consent, I/we may do so at any time in writing to BC Housing, however withdrawal will result in my/our being ineligible for assistance through the BC Rebate for Accessible Home Adaptations.

Signature of landlord or authorized agent	Date	Signature of landlord or authorized agent	Date
---	------	---	------

This application must be signed by all owners registered on title of the property or the authorized agent.

Purpose of this form: This form collects personal information for contact purposes and to determine eligibility for assistance through the BC Rebate for Accessible Home Adaptations. The information is collected in accordance with section 26(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of your information, please call 604-433-1711 and ask to speak to BC Housing's Privacy Officer or write to 4555 Kingsway, Burnaby, BC, V5H 4V8.

FOR OFFICE USE ONLY	
File:	Date:

Please Print Clearly

Part 2 – To be completed by Tenant

1. Tenant Information

Include all individuals listed on the Tenancy Agreement and everyone else permanently residing in the rental unit. If required, attach additional names on a separate sheet.

	Last Name	First Name(s)	Relationship to Applicant	Date of Birth (dd/mm/yyyy)	Sex	Born in Canada?	Under private sponsorship?
1.			Tenant			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Rental Property Information

Apt #	Street #	Street name	
City			B.C. Postal code
Number of bedrooms in unit <input type="checkbox"/> Bachelor/1 bedroom <input type="checkbox"/> 2 bedrooms <input type="checkbox"/> 3+ bedrooms		Monthly rent (\$)	
Landlord Name		Landlord phone number () -	

3. (Optional) Do you or anyone in your household identify as being an Indigenous person of Canada?

<input type="checkbox"/> Yes <input type="checkbox"/> No
--

4. Income Information

The 2021 income limit is \$117,080

Is your gross annual household income as reported on Line 15000 of your most recent Income Tax Return(s), plus any non-taxable income, within the limit? Yes No

If no, and anyone in your household receives the Disability Tax Credit as shown on Line 31600, 31800, or 32600 of your Income Tax Return, please provide proof as this amount will be used to reduce your household income.

Note: the income limits are subject to change, for the most up to date income limits visit www.bchousing.org/BC-RAHA

5. Asset Information

Are your total household assets, excluding the value of the property to be adapted, less than \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own any Canadian or Foreign property? <i>e.g. house, cottage, townhouse, condominium, land, commercial property, etc.</i> *If yes, you must provide proof of value of the property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Value (\$)	

6. Adaptations

The following is a list of basic adaptations that can be completed without an Occupational or Physical Therapist Assessment (OT/PT). For adaptations not listed below, an OT/PT assessment will be required; please see the enclosed OT/PT Assessment Form for a full list of eligible adaptations.

To be eligible, the selected adaptations must directly address your permanent disability or loss of ability and improve your ability to perform the basic activities of daily living.

Please select all that you wish to apply for; rebates are limited to a maximum of one (1) of each adaptation unless otherwise noted. If approved, you will receive an approval letter outlining the maximum rebate for each approved adaptation. For more information on available rebates, please visit www.bchousing.org/BC-RAHA for the Maximum Rebate Schedule.

*Please note: rebates will not be paid for any work or purchases carried out before written confirmation of approval from BC Housing

Bathroom:

- Handheld showerhead
- Shower seat – free standing
- Single lever sink faucet
- Grab bar, quantity: ____ (max 3)

Kitchen:

- Single lever kitchen faucet

Entering the home:

- Lever door handle (keyed), quantity: ____ (max 2)

Other areas:

- Multiple-cue fire/carbon-monoxide alarm (hearing impaired only), quantity: ____ (no max)
- Lever door handle (not keyed), quantity: ____ (max 4)

Please describe your permanent disability or loss of ability and how the selected adaptations will improve your ability to perform your activities of daily living:

PLEASE READ AND SIGN

I/We declare:

- that I/we are the Tenants of the property identified in this application, and that this is my/our application, and that all the information in it is true, correct and complete in every respect; fully discloses my/our household income and assets from all sources; and accurately represents my/our current living circumstances.
- that I/we have received authorization from all household members, authorized contacts, and anyone that helped me/us complete this form to provide their personal information.

I/We permit:

- BC Housing to verify any of the information I/we have provided in this application in order to assess my/our eligibility for assistance under the BC Rebate for Accessible Home Adaptations.

I/We acknowledge and understand that:

- it is my/our responsibility to promptly provide, or cause to be provided, all information and documentation that is reasonably requested by BC Housing to determine my/our eligibility for assistance and/or for audit or inspection purposes, including verification from a qualified individual to confirm the permanent disability or loss of ability if requested.
- I/we are responsible to immediately inform BC Housing of any changes in my/our address, principal residence, family size so that my/our eligibility for assistance can be determined accordingly.
- BC Housing reserves the right to review and refuse any items that are not directly related to a permanent disability or loss of ability, or considered to be a duplicate or previously funded adaptations.
- if approved, the assistance is subject to the terms and conditions set out in BC Housing’s final approval letter.
- BC Housing may audit or inspect my/our home during or after adaptations and that assistance may be adjusted or denied if the audit or inspection reveals errors or omissions in any information.
- if I/we wish to withdraw this Declaration and Consent, I/we may do so at any time in writing to BC Housing, however withdrawal will result in my/our being ineligible for assistance through the BC Rebate for Accessible Home Adaptations.

Signature of tenant	Date	Signature of additional tenant	Date
Signature of additional tenant	Date	Signature of additional tenant	Date

This application must be signed by all tenants listed on the Tenancy Agreement.

Purpose of this form: This form collects personal information for contact purposes and to determine eligibility for assistance through the BC Rebate for Accessible Home Adaptations. The information is collected in accordance with section 26(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of your information, please call 604-433-1711 and ask to speak to BC Housing’s Privacy Officer or write to 4555 Kingsway, Burnaby, BC, V5H 4V8.

Please review the following checklist to make sure that all required information is included with your application. Fully completed applications will be reviewed first, in the order in which they are received. **Please do not submit original documents.**

Documents for Tenants to Submit

1. Income Tax Information (required for all tenants and household members aged 19 and over)

- Most recent **Notice of Assessment** from Canada Revenue Agency (CRA)

Note: If you do not have your Notice of Assessment you can submit a Proof of Income Statement (Option C print) from CRA. This can be obtained by either logging into your CRA My Account at www.cra.gc.ca/myaccount or calling CRA at 1-800-959-8281.

2. Proof of Assets (required for all tenants and household members aged 19 and over)

- Copies of bank summaries and statements from **all** bank accounts clearly stating the account holder's name
- Other statements showing total value of asset(s)

3. Proof of status in Canada for all tenants and the person(s) requiring adaptations

- if born in Canada, copy of Canadian birth certificate(s) or Canadian passport(s)
- If not born in Canada, please provide **one** of the following:
- Record of Landing (IMM1000) or Confirmation of Permanent Residence (IMM5292)
 - Any immigration document showing the date landed and the immigration code
 - Canadian Citizenship Card, if you have been a Canadian Citizen for more than eight years

4. Proof of address for person needing adaptations

- Utility bill or government issued ID showing residential address

5. Assessment Form (if applicable)

- Completed by an Occupational or Physical Therapist
- Invoice for Therapist assessment fee (if charged)

Tenant Information *As identified as Household Member #1 (Tenant) on page 1 of Part 2 – Tenant Information of the Application Form*

Last name	First name(s)
-----------	---------------

Address

Apt#	Street #	Street name		
City		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">B.C.</td> <td style="padding: 5px;">Postal code</td> </tr> </table>	B.C.	Postal code
B.C.	Postal code			

The following is to be completed by an Occupational Therapist (OT) or Physical Therapist (PT).

Please complete and sign the sections below for your client to apply for government funded assistance through the BC Rebate for Accessible Home Adaptations (BC RAHA). BC RAHA provides financial assistance to help people complete home adaptations which will allow them to continue living independently in their home.

*In order to be eligible for the program, the patient must have a **permanent disability or loss of ability** and the requested adaptations must be directly related to the permanent disability or loss of ability and assist with accessibility or basic activities of daily living within the home.*

Name of client(s) requiring adaptations: _____

Have you observed the client(s) functioning in the home? Yes No

Please indicate if the client(s) uses the following **in the home**:

- Wheelchair/mobility scooter
- Walker

Please describe the client’s specific permanent disability or loss of ability and how this impacts their ability to perform basic activities of daily living in the home (i.e. bathing, toileting, cooking, access to and from/within the home etc.). Please attach a separate page if required.

Has the condition lasted at least 12 months or is reasonably expected to last at least 12 months? Yes No

If no, please explain:

Continued on next page...

The following is a list of eligible adaptations, please only select those that apply directly to the permanent disability or loss of ability and will improve the client's ability to perform the basic activities of daily living.

Please select all that your client would benefit from, rebates are limited to a maximum of one (1) of each adaptation unless otherwise noted. If approved, your client will receive an approval letter outlining the maximum rebate for each approved adaptation. For more information on available rebates, please visit www.bchousing.org/BC-RAHA for the Maximum Rebate Schedule.

Please note: the program does not fund adaptations for therapeutic purposes such as soaker or jetted tubs for pain relief, or adaptations for ease of cleaning (i.e. easier to clean flooring, fixtures etc.)

Bathroom

- Single lever sink faucet
- Handheld showerhead
- Shower seat – free standing
- Shower seat – attached/wall mounted
- Tub to walk/wheel-in shower
- Grab bar, quantity: ____ (max 3)
- Raised toilet
- Toilet frame
- Raised toilet seat
- Lower counter to accessible height
- Drawer glide in vanity, quantity: ____ (max 2)
- Non-slip vinyl flooring

Kitchen

- Single lever kitchen faucet
- Lower counters to accessible height
- Drawer glide in base cabinet, quantity: ____ (max 4)
- Non-slip vinyl flooring

Entering the Home

- Exterior ramp
- Level uneven surface
- Widen exterior door, quantity: ____ (max 2)
- Lever door handle (keyed), quantity: ____ (max 2)

Other

- Multiple-cue fire/carbon-monoxide alarms - hearing impaired only, quantity: ____ (no max)
- Lever door handle (not keyed), quantity: ____ (max 4)
- Interior ramp
- Straight stairlift (interior or exterior)
- Curved stairlift (interior or exterior)
- Replace unsafe flooring
- Widen interior door
- Move electrical switches/outlets to accessible height, quantity: ____
- Transfer aid

Other adaptations will only be considered under extenuating circumstances where standard program adaptations cannot provide adequate independence and accessibility within the home. If approved, BC Housing may cap the rebate at the amount of other comparable adaptations or may require the applicant to obtain contractor estimates.

Please provide a detailed description of the required adaptation and how it will address the specific permanent disability or loss of ability. Please attach a separate page if required.

Other _____

Did you charge a fee for completing an assessment? Yes No If Yes, how much? _____

The client will need to submit an invoice for reimbursement.

Signature

Name	Signature	Date
Registration Number:	Phone number:	