

Landlord and Tenant Application

Effective April 2024

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 Assessment Form completed by an in-home Occupational Therapist (OT), Physical Therapist (PT), or medical professional (if required). Visit www.bchousing.org/BC-RAHA for more information on how to find an OT or PT.

Step 4: 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

Online: www.bchousing.org/puf

Fax: 604 439-4729

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:

- Have all sections and declarations completed, signed, and dated
 - Part 1 – Completed by Landlord
 - Part 2 – Completed by Tenant
- Include all supporting documents as listed in the attached checklist
- If required, include the Assessment Form completed and signed by a registered OT, PT, or medical professional.

Missing information/documents will delay the processing of your application.

- Incomplete applications 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 for continued independent living in their home.

This BC RAHA application form is for landlord/tenant applications. For BC RAHA applicants living in a **housing cooperative**, the cooperative member and the housing cooperative must fill out the Homeowner RAHA application.

Who is eligible?

A landlord and tenant may be eligible for BC RAHA if they meet all the following conditions:

1. The unit being adapted is legal and self-contained with a full kitchen and bathroom within the unit.
2. The unit is occupied by a rental household that lives independently (not assisted living).
3. The tenant, and/or a member of the 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 the assessment and recommendation of an Occupational Therapist (OT), Physical Therapist (PT), or medical professional.*
5. A Tenancy Agreement is in place and the rent falls 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 adaptations must not be under sponsorship and must meet one of the following Citizenship requirements: Canadian citizen, or authorized to take up permanent residence in Canada, or Convention refugee.
8. The household gross income does not exceed \$134,140.
9. The household assets are less than \$100,000.

RAHA accepts applications on a first-come, first-served basis with priority to complete applications. Application intake is ongoing unless the annual program funding is exhausted.

For more information, call 604 433-2218 (toll-free at 1-800 257-7756) or online at www.bchousing.org/BC-RAHA

Please review this checklist to ensure 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.
ORIGINAL DOCUMENTS WILL NOT BE RETURNED.**

<i>Documents for the Landlord(s) to Submit</i>
<p>1. If you are an authorized agent for the property owner</p> <p><input type="checkbox"/> Letter or documentation from the property owner confirming authorization for you to act on their behalf.</p>
<p>2. Proof of tenancy</p> <p><input type="checkbox"/> A copy of a signed lease, Residential Tenancy Agreement, Notice of Rent Increase, or rent receipts showing the address, landlord name, tenant names and current rent amount.</p>
<p>3. If the property is a suite in a single-family home</p> <p><input type="checkbox"/> Confirmation that the property for adaptation is a legal, self-contained unit. For example:</p> <ul style="list-style-type: none"> ▪ Municipal Property Tax Assessment showing the unit is registered with the municipality ▪ Municipal Utility Bill showing charges for two units at the same address.
<p>4. If the property is a strata property</p> <p><input type="checkbox"/> A letter from the strata stating approval of any requested exterior adaptations.</p>
<p>5. If the home is a mobile home and the homeowner pays pad rent</p> <p><input type="checkbox"/> Approval from landowner or authorized agent for any exterior adaptations.</p>
<p>6. If the home is on reserve</p> <p><input type="checkbox"/> A letter from the Indigenous Band confirming the homeowner's name and the home value.</p>

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. OPTIONAL: AUTHORIZED CONTACT

Authorized contact* name and relationship to you	Authorized contact phone () -
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**Note: By providing an authorized contact, such as your tenant, you are giving permission for BC Housing to exchange information with that authorized contact in order to process, maintain and update your BC RAHA file. To remove an authorized contact, please contact BC Housing.*

4. RENTAL PROPERTY INFORMATION

4a. Physical Address

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

4b. Type of Property *If you are a Cooperative Housing member, please use the Homeowner RAHA application.*

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

4c. How many units will be adapted? *A maximum of 5 units is allowed per building per year. | NOTE: Each unit will require a separate tenant application.*

1.	Unit Number	Tenant Name(s)
2.	Unit Number	Tenant Name(s)
3.	Unit Number	Tenant Name(s)
4.	Unit Number	Tenant Name(s)
5.	Unit Number	Tenant Name(s)

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, with the exception that emergency adaptations required prior to hospital release may be eligible. The RAHA application must be received by BC Housing no later than six (6) months after hospital release. Documentation confirming hospital stay and assessment supporting the need for emergency adaptations is required.
- 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.

Name of landlord or owner’s authorized agent/organization (*please print*)

Signature of landlord or authorized agent

Date

Name of landlord or owner’s authorized agent/organization (*please print*)

Signature of landlord or authorized agent

Date

Name of landlord or owner’s authorized agent/organization (*please print*)

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 Privacy Officer, 1701 – 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(s)	First Name(s)	Relationship to Applicant	Date of Birth (dd/mm/yyyy)	Preferred Title/Prefix	Born in Canada?	Under private sponsorship?
1.			Tenant			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 () -		

3. OPTIONAL QUESTION

Do you or anyone in your household identify as being an Indigenous person of Canada?

Note: Question 3 is optional. Data is collected for planning and reporting purposes and does not impact eligibility for BC RAHA.

4. INCOME INFORMATION

The income limit is \$134,140 Income limits are subject to change. See www.bchousing.org/BC-RAHA for current income limits.

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

5. ASSET INFORMATION

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

6. ADAPTATIONS

The following is a list of BC RAHA eligible adaptations. There is a lifetime maximum rebate of \$20,000. **Adaptations marked with an asterisk (*) require an assessment form** completed by an Occupational Therapist/Physical Therapist (OT/PT), or medical professional. Rebates are limited to a **maximum of one (1) of each adaptation** unless otherwise noted, and to a maximum of two (2) bathrooms per household. *BC RAHA does not fund appliances, repairs, therapeutic adaptations, or adaptations for ease of cleaning.*

Any work carried out before written confirmation of approval from BC Housing is not eligible for assistance, with the exception that emergency adaptations required prior to hospital release may be eligible. The RAHA application must be received by BC Housing no later than six (6) months after hospital release. Documentation confirming hospital stay and assessment supporting the need for emergency adaptations is required.

The selected adaptation(s) must directly address your permanent disability or loss of ability and improve your ability to perform the basic activities of daily living. If approved, you will receive an approval letter from BC RAHA outlining the maximum rebate for each approved adaptation. For more details, please refer to the Maximum Rebate Schedule at www.bchousing.org/BC-RAHA.

↪ PLEASE PRIORITIZE THE ADAPTATIONS: Number only the requested items in order (with 1 being the highest priority). Do not duplicate numbering, even if adaptations are in different rooms. *Numbering may be used to determine which adaptations are approved or not approved based on the adaptation maximum rebate amounts and/or the lifetime maximum rebate.*

↪	Entering the home:
	Lever door handle (keyed) Qty: _____ (max 3)
	* Exterior ramp
	* Level uneven surfaces
	* Widen exterior door Qty: _____ (max 3)
↪	Bathroom (maximum 2 bathrooms per household):
	Grab bar or bathtub safety rail Qty: _____ (max 6)
	Handheld showerhead Qty: _____ (max 2)
	Single lever sink faucet Qty: _____ (max 2)
	Shower seat/ tub transfer bench (free-standing) Qty: _____ (max 2)
	* Shower seat (attached/wall-mount) Qty: _____ (max 2)
	* Convert tub to walk-in/wheel-in shower
	* Convert tub to walk-in tub/tub cutout Qty: _____ (max 2)
	* Toilet frame Qty: _____ (max 2)
	* Toilet raised/bio-bidet Qty: _____ (max 2)
	* Toilet seat raised Qty: _____ (max 2)
	* Drawer glide in vanity Qty: _____ (max 4)
	* Lower or raise counters to accessible height Qty: _____ (max 2)
	* Replace unsafe flooring with non-slip vinyl flooring Qty: _____ sq feet
↪	Bedroom:
	* Bed assist rail
	* Replace unsafe flooring with non-slip vinyl flooring Qty: _____ sq feet

↪	Kitchen:
	Single lever kitchen faucet
	* Drawer glide in base cabinet Qty: _____ (max 6)
	* Lower or raise counters to accessible height
	* Replace unsafe flooring with non-slip vinyl flooring Qty: _____ sq feet
↪	Other:
	Lever door handle (not keyed) Qty: _____ (max 4)
	* Hand railings (interior/exterior) Qty: _____ feet
	Multiple-cue fire/carbon monoxide alarm; (hearing-impaired only) Qty: _____
	* Move electrical switch/outlet/thermostat to accessible Height Qty: _____
	* Relocate washer/dryer
	* Ceiling transfer aid (lift, sling, overhead track, etc.)
	* Elevator/Porch Lift
	* Vertical transfer aid (vertical pole) Qty: _____ (max 2)
	* Stairlift - Curved (interior or exterior)
	* Stairlift - Straight (interior or exterior) Qty: _____ (max 2)
	* Interior Ramp
	* Threshold ramp Qty: _____
	* Widen interior door Qty: _____
	* Replace unsafe flooring with non-slip vinyl flooring Room: _____ Qty: _____ sq feet Room: _____ Qty: _____ sq feet

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 (if necessary, attach additional pages):

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 contact the Occupational Therapist/Physical therapist (OT/PT) or medical professional listed on my Assessment Form (if applicable) to discuss my requested adaptations and to obtain or verify information about my health condition(s) to assess my eligibility for assistance under the BC Rebate for Accessible Home Adaptations.
- BC Housing to make any inquiries that are necessary to verify any of the information I/we have provided in this application 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 of 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 me/us being ineligible for assistance through the BC Rebate for Accessible Home Adaptations.

Name of tenant <i>(please print)</i>	
Signature of tenant	Date

Name of tenant <i>(please print)</i>	
Signature of tenant	Date

Name of tenant <i>(please print)</i>	
Signature of tenant	Date

This application must be signed by all tenants aged 19 or over. Make additional copies of this page if required.

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 Privacy Officer, 1701-4555 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.
ORIGINAL DOCUMENTS WILL NOT BE RETURNED.**

Documents for Tenants to Submit

<p>1. Income Tax Information (required for all tenants and household members aged 19 and over)</p> <p><input type="checkbox"/> Most recent Notice of Assessment from Canada Revenue Agency (CRA)</p> <p>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 calling CRA at 1-800 959-8281 or logging into your CRA My Account at https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/account-individuals.html</p> <p><input type="checkbox"/> If anyone in your household receives the Disability Tax Credit (DTC) as shown on Line 31600, 31800, or 32600 of your Income Tax Return, please provide proof as this amount can be used to reduce your household income.</p>
<p>2. Proof of Assets (required for all tenants and household members aged 19 and over)</p> <p><input type="checkbox"/> Copies of bank summaries and statements from all bank accounts clearly stating the account holder's name</p> <p><input type="checkbox"/> Other statements showing total value of asset(s).</p>
<p>3. Proof of status in Canada for all tenants and the person(s) requiring adaptations</p> <p><input type="checkbox"/> If born in Canada, copy of Canadian birth certificate(s) or Canadian passport(s)</p> <p><input type="checkbox"/> If not born in Canada, please provide one of the following:</p> <ul style="list-style-type: none"> ▪ Record of Landing (IMM1000) or Confirmation of Permanent Residence (IMM5292/IMM5688) ▪ Canadian Citizenship Card (if you have been a Canadian Citizen for more than eight (8) years). ▪ Any immigration document showing the date landed and the immigration code ▪ Refugee Protection Claimant Document (RPCD) or Notice of Decision.
<p>4. Proof of address for person needing adaptations</p> <p><input type="checkbox"/> Utility bill or government issued ID showing residential address.</p>
<p>5. Assessment completed by an Occupational Therapist (OT), Physical Therapist (PT), or medical professional (if applicable)</p> <p><input type="checkbox"/> Tenant Information section of the Assessment Form completed by the Tenant</p> <p><input type="checkbox"/> Remaining sections completed by an OT, PT, or medical professional.</p> <p><input type="checkbox"/> Invoice for Therapist assessment fee (if charged)</p> <p><input type="checkbox"/> Proof of hospital stay, along with proof of adaptations being completed within six (6) months of hospital stay (if applicable).</p> <p><input type="checkbox"/> BC RAHA application form submitted no later than three (3) months of adaptations being completed (if applicable).</p>

1. TENANT INFORMATION

As identified as Household Member #1 (Tenant) on page 1 of Part 2 – Tenant Information of the Application Form. This information is required to correctly match your Assessment Form to your Application.

Last name(s)		First name(s)		
Apt#	Street #	Street name		
City		B.C.	Postal code	

The following assessment is to be completed by an Occupational Therapist/Physical Therapist (OT/PT), or medical professional. If any selected adaptations on the Tenant Adaptations page (page 3 of the Tenant Application) are marked with an asterisk (*).

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 rebates to offset some of the costs for eligible adaptations that directly address the applicant's **permanent disability or loss of ability** and will improve their ability to perform the basic activities of daily living in the home.

2. ASSESSMENT INFORMATION

Name(s) of person(s) requiring adaptations:

Was installation of emergency adaptations required prior to hospital release? *If YES, please provide hospital release date and medical documentation that predates the purchase and installation of adaptations.* Yes No Hospital Release Date (if applicable):

Have you observed the client(s) functioning in the home? Yes No
Observation may be conducted physically or virtually.

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

Please see Section 6 of the tenant’s application for a list of eligible of adaptations. Select only those that apply directly to the permanent disability or loss of ability and that will improve the client’s ability to perform the basic activities of daily living.

Requested adaptations should be numbered in order (with 1 being the highest priority).

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: BC RAHA does not fund appliances, repairs, 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.)

In case the requested adaptations exceed the maximum rebate allowed, it is helpful for the adaptations to be numbered in order of priority (with 1 as the highest priority). Do not duplicate numbering, even if adaptations are in different rooms. Numbering may be used to determine which adaptations are approved or not approved based on the adaptation maximum rebate amounts and/or the lifetime maximum rebate of \$20,000 per household.

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.

If requesting an adaptation that is not listed on the Maximum Rebate Schedule, please provide a detailed description of the required adaptation and how it will address the specific permanent disability or loss of ability. Attach a separate page if required.

Other: _____

Did you charge a fee for completing an assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: The maximum rebate for an assessment fee is \$300.</i>	If Yes, how much? \$
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OCCUPATIONAL/PHYSICAL THERAPIST/MEDICAL PROFESSIONAL INFORMATION

You must be a registered Occupational/Physical Therapist or licenced medical professional. All fields below are mandatory.

OT/PT/Medical Professional Name (please print)	Signature	
OT/PT Registration or Medical Professional ID Number	Phone number ()-	Date