Home Adaptations for Independence (HAFI)
Homeowner Application
Effective April 2019

Submit application with supporting documents
Home Adaptations for Independence
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
• Include all supporting documents as listed in the attached checklist

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

The Home Adaptations for Independence (HAFI) Program provides financial assistance to eligible low-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 HAFI if you meet all the following conditions:

1. A member of the household has a permanent disability or loss of ability.
2. The requested adaptations are eligible and reasonably related to the permanent disability or loss of ability.
3. The homeowner(s) and the person(s) requiring the adaptations 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.
4. Gross household income does not exceed the Housing Income Limits (HILs).
5. Household assets are less than $100,000 (excluding value of the home).
6. The home for adaptation is owner-occupied and is the principal residence of the person(s) requiring adaptations.
7. The home’s BC Assessment value is below the Home Value Limit (HVL) for your assessment area.

Additional information is available online at www.bchousing.org/hafi or by calling the HAFI office at the number below.

What types of adaptations are eligible?
Page 6 of the application has a list of Eligible and Ineligible Adaptations:
• Requested adaptations will be assessed based on how they address a household member’s permanent disability or loss of ability.
• BC Housing reserves the right to review and refuse any items that are not directly related to a diminished ability or disability; considered to be a duplicate adaptation; or items which could be completed through more cost-effective means.
# Home Adaptations for Independence (HAFI)
## Homeowner Application Checklist

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.**

1. **Income Tax Information** (required for all homeowners 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.
   - [ ] Confirmation of the Disability Tax Credit (if applicable) such as a detailed tax return or confirmation letter from CRA

2. **Property Assessment**
   - [ ] A copy of your most recent BC Property Assessment

3. **Proof of Assets** (required for all homeowners and household members aged 19 and over)
   - [ ] Copies of bank statements from all bank accounts
   - [ ] Other statements showing total value of asset(s)

4. **Proof of status in Canada for all homeowners and the person(s) requiring adaptations**
   - [ ] Copy of Canadian birth certificate(s) or Canadian passport(s) if born in Canada
   - [ ] 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

5. **Proof of address for person needing adaptations**
   - [ ] Utility bill or government issued ID showing residential address

6. **Estimate for proposed adaptations**
   - [ ] At least one written itemized estimate for the work requested. The estimate must include:
     - Date the estimate was obtained
     - The name and contact information for the person who will be completing the work. If you are performing the work, identify as “self”
     - An itemized list of work to be completed
     - The cost for materials and labour, including taxes. If you are completing the work yourself, do not include labour.

7. **If the property is part of a strata**
   - [ ] A letter from the strata:
     - Providing approval of the proposed adaptations
     - Confirming that modifications to the home are the sole responsibility of the property owner
     - Proposed modifications are not part of a special levy

8. **If the homeowner is a member 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
     - Approval of the requested adaptations
   - [ ] Confirmation of membership/share purchase

9. **If the home is a mobile home and the homeowner pays pad rent**
   - [ ] Approval from land owner or authorized agent for any exterior adaptations

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For help with this form, please contact the HAFI Program at 604-433-2218 or 1-800-257-7756  
HAFI002 (2019-04-01)
Home Adaptations for Independence (HAFI)
Homeowner Application

Please Print Clearly

1. Homeowner Information
Include all individuals registered on title of the property. If required, attach additional names on a separate sheet

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name(s)</th>
<th>Born in Canada?</th>
<th>Under private sponsorship?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
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</table>

2. Property Information

<table>
<thead>
<tr>
<th>Apt #</th>
<th>Street #</th>
<th>Street name</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>City</th>
<th>Postal code</th>
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<tbody>
<tr>
<td></td>
<td>B.C.</td>
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</table>

2a. Mailing Address Mail will be sent to the residential address, except for rural areas with no mail delivery

<table>
<thead>
<tr>
<th>Mailing address</th>
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<tr>
<td></td>
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<table>
<thead>
<tr>
<th>City</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B.C.</td>
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</table>

2b. Type of Property

- Single-detached home
- Manufactured/trailer/mobile home
- Multiple: duplex/apartment/townhouse
- Other: ___________________________

<table>
<thead>
<tr>
<th>Is the property part of a strata corporation?</th>
<th>Yes</th>
<th>No</th>
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<table>
<thead>
<tr>
<th>Have you previously received financial assistance through the HAFI program to complete any adaptations?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3. Contact Information

<table>
<thead>
<tr>
<th>Home phone ( )-</th>
<th>Cell phone ( )-</th>
<th>Workphone ( )-</th>
</tr>
</thead>
</table>

Optional: Name of person we can leave messages with

Optional: Authorized contact* name and relationship to you

Authorized contact phone number ( )-

*By providing an authorized contact, you are giving permission for BC Housing to exchange information with that authorized contact in order to maintain and update your Home Adaptations for Independence file. To remove an authorized contact, please contact BC Housing.

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

- Yes
- No
- Prefer not to answer

If yes, please select the option(s) that best describes your Indigenous identity:

- First Nations
- Métis
- Inuit
- Other
5. Household Information If required, attach additional names on a separate sheet

5a. List all homeowners and household members
Household members include the homeowner’s wife, husband, common-law spouse, child, stepchild, parent, stepparent, brother, sister, stepsibling, father-in-law, mother-in-law and any other relative permanently residing in the home

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name(s)</th>
<th>Relationship to homeowner</th>
<th>Date of birth (dd/mm/yyyy)</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Homeowner</td>
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5b. Is there anyone else living with you that does not meet the definition of household?

☐ Yes  ☐ No

Do they pay rent? ☐ Yes  ☐ No If yes, how much monthly rent is paid?

6. Income Information

6a. Please provide the following information for all homeowners and household members aged 19 and over

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name(s)</th>
<th>Gross annual income*</th>
<th>Received Disability Tax Credit**?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>☐ Yes  ☐ No</td>
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<tr>
<td></td>
<td></td>
<td>$</td>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>☐ Yes  ☐ No</td>
</tr>
</tbody>
</table>

*Gross income from Line 150 of the Notice of Assessment from Canada Revenue Agency and gross annual income from any non-taxable sources
**Disability Tax Credit as shown on Line 316, Line 318, or Line 326 of your Income Tax Return will be used to reduce your household income by the Disability Tax Credit amount

7. Asset Information

7a. List the current value of assets held by all homeowners and household members aged 19 and over
Exclude RRSP, RESP, RDSP, RRIF, and the value of the property to be adapted

<table>
<thead>
<tr>
<th>Type of assets</th>
<th>Do you hold this asset?</th>
<th>Bank, financial institution, company or business name</th>
<th>Total value ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chequing and Savings accounts</td>
<td>☐ Yes  ☐ No</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Stocks/Bonds/Term Deposits/Mutual Funds</td>
<td>☐ Yes  ☐ No</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Tax Free Savings Accounts (TFSA)</td>
<td>☐ Yes  ☐ No</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other assets</td>
<td>☐ Yes  ☐ No</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Shares in a company or business</td>
<td>☐ Yes  ☐ No</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Do you own any Canadian or Foreign property, excluding the home you live in? e.g. house, cottage, townhouse, condominium, land, commercial property, etc.

☐ Yes  ☐ No $
8. About the Person(s) Needing Adaptations

8a. Please indicate all household members who require the requested adaptations

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name(s)</th>
<th>Born in Canada?</th>
<th>Under private sponsorship?</th>
</tr>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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</table>

8b. Please describe the permanent disability or loss of ability

8c. What activities of daily living will the adaptations address? *Check all that apply*

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

8d. How will the adaptations help maintain independent living? *Check all that apply*

- [ ] Increase comfort
- [ ] Better mobility
- [ ] Ability to perform everyday activities
- [ ] Increased safety/ security
- [ ] Self sufficiency
- [ ] Other ________________________________

Please describe

Note: BC Housing reserves the right to request a letter or other document from a doctor, nurse, home care worker, social worker or occupational therapist confirming that the adaptations requested directly address a permanent disability or loss of ability that will promote continued safe and independent living within the home.
9. **Requested Adaptations**

Effective April 2019 the HAFI program has a lifetime funding maximum. Please take this into consideration when selecting the adaptations you wish to have completed.

BC Housing has no affiliation with contractors; you are responsible for finding and selecting a contractor. While not required by the program, getting more than one independent estimate is highly recommended. Please refer to [www.bchousing.org/hafi](http://www.bchousing.org/hafi) for Tips on Selecting a Contractor.

If the application is approved, you are responsible for:
- Working with your contractor or consulting with a qualified individual to determine if a permit is required.
- Organizing and coordinating the work.
- Making sure the work is completed in accordance with applicable legislation, by-laws and codes and to your satisfaction.
- Ensuring adaptations will not void any existing home warranties.

Attach a copy of the estimate for the adaptations, see the Application Checklist for details.

<table>
<thead>
<tr>
<th>Contractor Information</th>
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<tbody>
<tr>
<td>If more than one contractor is selected, please make copies of this page and include one sheet per contractor with your application. If you are completing the work yourself, identify as “self”, and you will not be able to claim the cost of labour.</td>
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<table>
<thead>
<tr>
<th>Name of contractor</th>
</tr>
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<tbody>
<tr>
<td>Business Number/GST Number</td>
</tr>
<tr>
<td>Contact person</td>
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<tr>
<td>Address</td>
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<tr>
<th>Can your contractor complete the work within 90 days of approval?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>If no, by when can the work be completed?</td>
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<tr>
<th>Room</th>
<th>Proposed adaptations</th>
<th>Please explain how the proposed adaptations will help</th>
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**Note:** Any adaptations completed prior to receiving written approval from BC Housing are not eligible.
Home Adaptations for Independence (HAFI)
Homeowner Declaration and Consent

PLEASE READ AND SIGN

I/We declare:
- That I/we are the owner(s) 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 Home Adaptations for Independence program.

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.
- 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 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 Home Adaptations for Independence
  Program.

<table>
<thead>
<tr>
<th>Did someone help you complete this form?</th>
<th>☐ Yes</th>
<th>☐ No</th>
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<tbody>
<tr>
<td>If yes, please indicate who helped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Medical professional</td>
<td>☐ Family, friend, or neighbour</td>
<td></td>
</tr>
<tr>
<td>☐ Contractor or contractor representative</td>
<td>☐ Other</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Full Name of Helper</th>
<th>Organization</th>
<th>Contact Number</th>
</tr>
</thead>
</table>

| If someone helped complete this form, please ensure all information provided is accurate before signing below. |
|--------------------------------------------------|-----------------|----------------|
| Signature of homeowner | Date | Signature of additional homeowner | Date |
| Signature of additional homeowner | Date | Signature of additional homeowner | Date |

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

Purpose of this form: This form collects personal information for contact purposes and to determine eligibility for assistance through the Home Adaptations for Independence Program. 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 4V9.

For help with this form, please contact the HAFI Program at 604-433-2218 or 1-800-257-7756

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### Home Adaptations for Independence (HAFI)

#### Eligible/Ineligible Adaptations

Please consider the lifetime maximum available funding when selecting adaptations to include on the application.

#### Approaching and Getting Around the Dwelling

Provide safe access to the street, parking, and entrance, this may include:

- Widening of walkways
- Addition of slip resistant surfaces
- Levelling of uneven surfaces
- Installation of exterior ramps or elevating devices
- Installation of a transfer aid, such as a trapeze hung from the ceiling used to transfer an occupant to and from a mobility device
- Modification to doors, doorframes and window frames for accessibility or colour contrast
- Modification of hallways, corridors, doorways, and stairs/landings to improve safety and accessibility
- Installation of lever-type door handles
- Installation of handrails or guiding rails
- Installation of colour-contrasted or reflective strips to the front edge of stair nosing
- Installation of interior ramps, elevating devices, or stairlifts
- Replacement of floor coverings which are a safety hazard

#### Bathroom

Modification to the layout of a bathroom to improve safety and accessibility, this may include:

- Installation of grab bars
- Modification to the bathing area. This may include:
  - Wheel-in or low barrier shower
  - Installation of bath/shower seat
  - Walk-in bathtub
  - Handheld showerhead
- Modification to sink area
- Installation of a raised toilet, bidet, or automatic wash toilet seat add-on

#### Electrical, HVAC, Plumbing

- Relocating controls, switches, or outlets for accessibility or visibility
- Installation of multiple cue fire/gas/carbon monoxide alarm systems
- Modifications to systems as needed to accommodate eligible adaptations
- Installation of lever-type faucets (including sensor or thermostatic controls)

#### Ineligible Adaptations

- Installation or replacement of windows
- Repair or modification of a roof
- Repair or replacement of an existing heating system
- Replacement or maintenance of any deteriorated, substandard, leaking or inefficient items or systems
- Installation of a Heat Recovery Ventilator (HRV) for energy efficient purposes
- Purchase or installation of any dehumidifier, humidifier, air conditioner and/or air purifier
- Purchase or installation of appliances, central humidifier, electronic air cleaner, electrostatic precipitator, ionizer, ozonator or other devices whether built-in or freestanding
- Extensions or conversions for any purpose such as recreational space, hobby room, or office space
- Replacement of existing items that are unaffected or could be repurposed such as vanities, medicine cabinets, kitchen counters, kitchen fans, bathroom fans, lights, sinks, or faucets
- Luxury materials such as granite, marble, or hardwood; or luxury items such as jetted tubs with therapeutic features