

SECONDARY SUITE INCENTIVE PROGRAM (SSIP) Authorized Delegate - Letter of Authorization

Secondary Suite Incentive Program

1701 – 4555 Kingsway, Burnaby, BC V5H 4V8 Tel: 604-439-4727 Toll Free: 1-877-757-2577

www.bchousing.org/secondary-suite

Homeowners unable to complete the online application for the Secondary Suite Incentive Program (SSIP) can complete this form to authorize someone to act on their behalf.

authorize someone to act on the	ir behalf.						
Homeowner (s) Information: (All homeowner Name		ers on title of the proper late of Birth		Homeowner Name		Date of Birth	
Homeowner Name Date		ate of Birth		Homeowner Name		Date of Birth	
Property Address:							
Authorized Delegate Informa The Authorized Delegate must ha		3C Services Card accou	ınt	, to initiate and com	plete the onli	ne SSIP ap	pplication.
Print Delegate Name			,		•	·	
Delegate Address	City/Town			Postal Code			
Delegate Email		Delegate Mobile #		Delegate Phone #			
through BC Housing for the Authorized Delegate application documents a l/We acknowledge and understate BC Housing shall deal exapplication and is not unresponsibility to maintai	e has my/o as required and that: clusively winder any ob	with respect to my/ou th the Authorized Dele ligation to communica	ir S ega ite	SSIP application on mate with respect to a with me/us, or any	ny/our behalf Ill matters pe	rtaining to	my/our SSIP
 if I/we wish to withdraw withdrawal is before the application started on m If a SSIP application is su mortgage registered on BC Housing SSIP Mortga. the SSIP funds will be remunicipality and the SSI title of the property for a The loan and any accrue 	SSIP unit is by behalf by behalf by bmitted an title to the ge. leased only P loan will be a 5-year ter	the Authorized Deleg d approved, I will wor property are notified of after completion of the secured by a mortgam.	ag ate k w of t ne :	e registered, withdra e. vith the Authorized I the SSIP application Secondary Unit and e in favour of BC Hou	Delegate to e so that they a issuance of a using which w	It in the can nsure that are aware on Occupan vill be regis	all lenders with a of and approve the acy Permit by the stered against the
Homeowner Name Signature				Homeowner Name		Signature	
Homeowner Name	Signature			Homeowner Name		Signature	

This Letter of Authorization must be signed by <u>all</u> Registered Owners on title of the Property.

Please attach additional pages if required.

Purpose of this form: This form collects personal information for contact purposes and to determine eligibility for assistance through the Secondary Suite Incentive 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 Privacy Officer, 1701 – 4555 Kingsway, Burnaby, BC, V5H 4V8.