

HOME ADAPTATIONS *for* INDEPENDENCE

Application for Landlords and Tenants

This application is for landlords in the private market who wish to adapt a unit rented to an eligible tenant with a permanent disability or diminished ability.

Part I – Completed and signed by Landlord

Part II – Estimates by individuals or organizations qualified to complete the adaptations

Part III – Completed and signed by Tenant

If adaptations are requested for more than a single unit, complete Parts II and III for each unit or common area.

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

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.

Landlord:

- A copy of Property Assessment Notice or land title for a legal description of the property.
- A copy of signed lease, tenancy agreement, or rent receipts showing current rent amount for each unit to be adapted.
- A written itemized estimate for the work requested for each unit or common area. Adaptations exceeding \$5,000 require two estimates. Adaptations exceeding \$15,000 require three estimates.
- If you are not the property owner but an authorized agent for the owner: a document clearly identifying your authority.
- If your property is part of a strata: a document showing the strata's approval of the proposed adaptations and that the modifications to the property are the sole responsibility of the property owner and not part of a special levy.

Tenant:

- Copies of most recent Income Tax Notice of Assessment, or an acceptable alternative of income proof, and proof of assets for the entire household.

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.



BC Housing

PART I: Landlord Information

List all owner(s). Attach a separate sheet if needed. If you are not the owner but you have the authority to sign on behalf of the owner(s), please indicate.

Landlord information:	<input type="checkbox"/> Property Owner <input type="checkbox"/> Owner's Authorized Agent	<input type="checkbox"/> Additional Property Owner (if applicable) <i>Please complete details below.</i>
Name (last name, first name):		
Organization name (if applicable):		
Street address:		
City, Province:		
Postal Code:		
Mailing address (if different from street address above)		
City, Province:		
Postal Code:		
Phone Number:		

Property Information

Street address:	
City, Province:	Postal code:
Type of property:	<input type="checkbox"/> Single-detached home <input type="checkbox"/> Multiple: duplex/apartment/townhouse <input type="checkbox"/> Basement/ground suite <input type="checkbox"/> Mobile home <input type="checkbox"/> Other: _____
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? \$ _____

Please ensure modifications will not void any warranties.

Declaration by Property Owner or Authorized Agent

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, or the owner's authorized agent for, the property to be adapted.
- 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.
- Declare that I have read the eligibility criteria for this program and confirm that the units for adaptation:
 - Are each legal, self-contained rental units, with a full kitchen and bathroom as part of the unit;
 - Are not part of any property deemed ineligible as identified in the Application Guide.
- Confirm that subsequent to the adaptations, for the length of the forgiveness period of one year, for assistance up to \$5,000; three years, for assistance over \$5,000; or three to five years, for assistance over \$40,000:
 - The unit(s) to be adapted will continue to be rented to households that are eligible for assistance under this program;
 - Rents in the adapted units will not be increased as a result of the adaptations;
 - Rent increases will not, under any circumstances, exceed the maximum annual rent increases allowed under the *Residential Tenancy Act*, regardless of whether or not the current tenant remains in the unit.
- Confirm that to the best of my knowledge the information provided is complete and accurate in every respect.

Print name of property owner/authorized agent	Signature of property owner/authorized agent	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

Complete Part II and Part III for each unit (or common area) requiring adaptations.

Submit completed applications to: **Home Adaptations for Independence Program**
BC Housing
101 – 4555 Kingsway
Burnaby, BC V5H 4V8
Fax: 604-439-8550

PART III: TENANT INFORMATION

Name:

Address (and unit number if applicable):

Phone number:

Household Composition, Income and Assets

INCOME

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 How To Guide), for the entire household.

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

ASSETS

List the current value of assets held by your entire household. *DO NOT* include RRSP's, RESP's, RDSP's, RRIF's or vehicles. 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	\$
Other assets	\$
Total value of assets for household	\$

About the Person(s) Needing Home Adaptations

Name(s):	
Address (and unit number if applicable):	
Phone number:	Email:
For what activities of daily living do you need assistance? (✓ check all that apply): <input type="checkbox"/> Approaching or moving around your home (for example, using the stairs or getting through doors etc.) <input type="checkbox"/> Seeing or hearing (for example, answering the door, using the telephone, or hearing fire alarms etc.) <input type="checkbox"/> Using the bedroom, kitchen and/or bathroom <input type="checkbox"/> Other: _____	
Please describe your permanent disability or diminished ability: 	
How will the adaptations help you to continue to live independently? (✓ check all that apply): <input type="checkbox"/> Increased comfort <input type="checkbox"/> Better mobility <input type="checkbox"/> Ability to perform everyday activities <input type="checkbox"/> Increased safety and security <input type="checkbox"/> Self-sufficiency <input type="checkbox"/> 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?	<input type="checkbox"/> Medical professional <input type="checkbox"/> Social worker <input type="checkbox"/> Volunteer <input type="checkbox"/> Family, friend or neighbour <input type="checkbox"/> Other
Their full name:	Their phone number:

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 Tenant:	Date:
Signature of Tenant:	Date: