Electronic Home Owner Grant Guide

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1. **Tax Notice**
Prior to starting the online Home Owner Grant application online process, you will need the following information from your property tax notice:
- Folio Number
- Access Code

2. **Electronic Home Owner Grant**

To access click on the link: [Electronic Home Owner Grant](#)
- The following web page will open up:
  - Click on [Claim Grant Online](#) to start the online process.
3. **Home Owner Grant Page**

- Add Folio and Access Code provided on tax notice as shown below.

- Click on the **Continue** button on the bottom right hand side of the page.

**Electronic Home Owner Grant**

Welcome to the City of Port Coquitlam’s On-line Home Owner Grant application system. To claim your Home Owner Grant you must have your folio number and your access code. Both can be located on your Property Tax Bill in the top right hand corner of the form.

If you cannot find your folio number or access code please feel free to contact us in the Property Taxation Department at 604.927.5425 between 8:30 am and 4:30 pm, Monday to Friday.

If you have any questions about whether you are eligible for the home owner grant, visit the **Home Owner Grants** page for more information.

If you did not claim the home owner grant for the previous year, you may apply using the **Application for Retroactive Home Owner Grant**.

- **Folio**
- **Access Code**

[Submit Button]

[Other Online Services]
4. **Grant Amount Available:**
   - The following page appears with the folio number you provided and showing the basic and additional grants that may be applied for.

### Electronic Home Owner Grant

<table>
<thead>
<tr>
<th>Property Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folio Number:</td>
</tr>
<tr>
<td>Civic Address: PORT COQUITLAM BC V3B 5T9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grant Amount Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic: $570.60</td>
</tr>
<tr>
<td>Additional: $645.60</td>
</tr>
</tbody>
</table>

### Information
Only one home owner grant can be claimed by you or your spouse each year. You may be required to submit additional documentation to establish your eligibility and home owner grants are audited for up to seven years to ensure applicants are eligible for the grants they receive.

### Shared Information
The information provided on this form may be shared for the purposes of administering the Land Tax Deferral Act, Property Transfer Tax Act and Taxation (Rural Area) Act.

### Freedom of Information and Protection of Privacy Act (FOIPPA)
The personal information on this form is collected for the purpose of administering the Home Owner Grant Act (HOA) under the authority of sections 6(1)(5) and 10(4) of the HOA and under sections 26(a) and (c) of the FOIPPA. Questions about the collection, use or disclosure of this information can be directed to the Manager, Home Owner Grant Administration, PO Box 9001 Sth Prev Govt, Victoria, BC V8W 9R7. (Telephone: Victoria at 250 356-8004 or toll-free at 1 888 356-2720)

Email: HOADMIN@gov.bc.ca

5. **Basic Home Owner Grant Claim Process**
   - Add your first and last name
   - Click on the button that certifies that you are the registered owner of the property.

1. I,

   **First Name** Jane
   **Last Name** Doe

   **Initial**

### Certify that:

2(a) I am the registered owner of the residence,

I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property.

Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.
Skip item number 2 as it does not apply to a Basic Home Owner Grant application.
Continue to item number 3.
All boxes with a red asterisk * must be completed.
Once all information has been added to the boxes,

Click on

3. I understand that the collector and/or the Branch may require any documentation necessary to establish my eligibility for the grant. I also understand that the Branch may confirm my age and address with the Insurance Corporation of British Columbia.

Street Address* 123 Any Street
Street Address (Continued)
City* Port Coquitlam
Province* BC
Postal Code* V3C 5A8
Phone* 604-999-9999
Business Phone
Email Address

IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.

The following screen will appear.
Review to ensure all information has been correctly entered.
If not, you may cancel or make a correction by clicking on the applicable button at the bottom of the page OR
Click on the **Claim Grant** button on the bottom right side of the screen.

**Electronic Home Owner Grant**

- **Property Information**
  - Folio Number: 260191.013
  - Civic Address: 2-2430 WILSON AVE PORT COQUITLAM BC V3C 1Z6

- **Please review and certify your application:**

- **Claimant Information**
  - Full Name: JANE DOE
  - Address: 123 ANY STREET PORT COQUITLAM, BC V3C 2A8
  - Phone: 604-999-9999

- **Grant Information**
  - Total Grant (Basic): $570.00

- **Certification**
  - By submitting the information that I have entered on this application, I certify that
  (a) I am the person named in section 1 [JANE DOE], or

**IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.**

Click on the **Print** if you wish to print a copy for your records.
Electronic Home Owner Grant

Property Information

<table>
<thead>
<tr>
<th>Folio Number:</th>
<th>260101-013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civic Address:</td>
<td>2-2430 WILSON AVE PORT COQUITLAM BC V3C 1Z8</td>
</tr>
</tbody>
</table>

Claim Submitted

Your request for a Home Owner Grant has been received and our system has been updated with your claim. If we have any questions about your claim someone from the Property Taxation department will contact you.

Please print a copy of this page for your records. It will serve as your verification that we have received your claim.

If you have claimed an additional grant of any type please ensure all required documentation is submitted to our offices before the Tax Due Date to ensure that penalties are not applied to your account. When making your tax payment, pay the applicable amount from your Tax Bill. If your additional grant is not approved, you will be responsible for the difference between the regular and additional Home Owner Grant.

If you have any questions, please contact us at the Property Taxation Department (604) 927-5425 between 8:30 am and 4:30 pm, Monday to Friday.
6. **Additional Grant Amounts That May Be Claimed:**
   - Under Item number 2 of the grant application, there are a list of options for additional grants that you may qualify for and claim.
   - See screen below listing options.
   - Check off any other grants that may be applicable.

2. **I also qualify for the additional grant amount as:**

   - I am a senior aged 65 or older this year, date of birth being:
     - Day* 
     - Month* 
     - Year*
   
   OR

   - I receive provincial disability assistance, hardship assistance or a supplement under the *Employment and Assistance for Persons with Disabilities Act*;
   
   OR

   - I do not receive assistance as above, but I am a person with disabilities or I am living with a spouse or relative with disabilities;
   
   OR

   - I am a surviving spouse of a veteran who received a War Veteran's Allowance;
   - I am a spouse or relative of a deceased owner who passed away this year and the owner would have been eligible as a senior or a person with disabilities.

7. **Senior Additional Grant (65 years or older)**
   - To apply for the Senior’s additional grant.
   - Add your first and last name.
   - Item number 1, complete information and click on whichever is applicable, (a) or (b)

1. I,

   - **First Name***: John
   - **Last Name***: Doe
   - **Initial** 

Electronic Home Owner Grant Guide
- Item number two, click on the circle stating you are a senior.
- Add the day, month and year of your birth.

Certify that:

- (a) I am the registered owner of the residence;
- I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property.
- Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.

- (b) I am the spouse or relative of the deceased owner and at the date the owner passed away we both occupied this residence as our principal residence;
- I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property.
- Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.

2. I also qualify for the additional grant amount as:

- I am a senior aged 65 or older this year, date of birth being:

  ![Highlighted box for birth date]

- Under number three, complete all boxes that have a red asterisk * beside them.

- Click on

3. I understand that the collector and/or the Branch may require any documentation necessary to establish my eligibility for the grant. I also understand that the Branch may confirm my age and address with the Insurance Corporation of British Columbia.

![Highlighted box for personal information]

IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.

![Highlighted box for 'Continue' button]
If you need to make any changes or wish to cancel click on the appropriate box at the bottom of the screen.

If all information has been correctly entered, click on

Electronic Home Owner Grant

Property Information

Folio Number: 260101-013
Civic Address: 2.2430 WILSON AVE PORT COQUITLAM BC V3C 1Z6

Please review and certify your application:

Claimant Information

Full Name: JOHN DOE
Address: 1234
ANY STREET
PORT COQUITLAM, BC V3C 2A8
Phone: 604-989-9999

Grant Information

Basic Grant: $570.00
Additional Grant: $275.00
Total Grant Application: $845.00

Additional Grant Details

I am eligible for the additional grant because:
I am or will be 85 years of age or over during this calendar year, date of birth being 01/01/1954 (day/month/year).

Certification

By submitting the information that I have entered on this application, I certify that
(a) I am the person named in section 1 [JOHN DOE], or
(b) I am an agent applying on behalf of the applicant with their permission.

IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.

Cancel Make Correction Claim Grant
The following screen will appear advising that the claim has been submitted.
Click on "Print" if you wish to print a copy for your records.

Electronic Home Owner Grant

Property Information

- Folio Number: 260101-013
- Civic Address: 2-2430 WILSON AVE PORT COQUITLAM BC V3C 1Z6

Claim Submitted

Your request for a Home Owner Grant has been received and our system has been updated with your claim. If we have any questions about your claim someone from the Property Taxation department will contact you.

Please print a copy of this page for your records. It will serve as your verification that we have received your claim.

If you have claimed an additional grant of any type please ensure all required documentation is submitted to our offices before the Tax Due Date to ensure that penalties are not applied to your account. When making your tax payment, pay the applicable amount from your Tax Bill. If your additional grant is not approved, you will be responsible for the difference between the regular and additional Home Owner Grant.

If you have any questions, please contact us at the Property Taxation Department (604) 927-5426 between 8:30 am and 4:30 pm, Monday to Friday.
8. Persons with Disabilities Additional Grant – Provincial Supplement Recipient

- Complete all boxes with a red asterisk * beside them.
- Click on circle (a)

1. I,

<table>
<thead>
<tr>
<th>First Name*</th>
<th>John</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name*</td>
<td>Doe</td>
</tr>
<tr>
<td>Initial</td>
<td></td>
</tr>
</tbody>
</table>

Certify that:

(a) I am the registered owner of the residence;

I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property;

Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.

(b) I am the spouse or relative of the deceased owner and at the date the owner passed away we both occupied this residence as our principal residence;

I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property;

Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.
Under number two click on the circle for the disability assistance.

2. I also qualify for the additional grant amount as:

- I am a senior aged 65 or older this year, date of birth being:
  - Day
  - Month
  - Year

- I receive provincial disability assistance, hardship assistance or a supplement under the Employment and Assistance for Persons with Disabilities Act.

Complete all boxes with a red asterisk * beside them.

If all information is correct, click on Continue.

3. I understand that the collector and/or the Branch may require any documentation necessary to establish my eligibility for the grant. I also understand that the Branch may confirm my age and address with the Insurance Corporation of British Columbia.

- Street Address: 1234
- Street Address (Continued): Any Street
- City: Port Coquitlam
- Province: BC
- Postal Code: V3C 2A8
- Phone: 604-999-9999
- Business Phone: 
- Email Address: 

IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.
Electronic Home Owner Grant

Property Information

Folio Number: 280101-013
Civic Address: 2-2430 WILSON AVE PORT COQUITLAM BC V3C
1Z6

Additional Information Required:
To claim the Employment Disabilities additional Grant you must be a person with disabilities receiving a disability allowance under the Employment and Assistance for Persons with Disabilities Act. You must provide the required Consent of Release of Information (PDF) form signed by yourself and your Ministry of Social Development & Poverty Reduction representative, verifying you are receiving these benefits.

If you have supplied a consent form to our office in the past, we will have that certificate on file.

Your grant will be processed at the basic grant amount until we can verify that we have received your Consent for Release of Information Form. Once we have verified your claim for the additional amount, we will adjust your grant accordingly. When making your tax payment, pay the applicable amount from your Tax Bill. If your additional grant is not approved, you will be responsible for the difference between the regular and additional Home Owner Grant.

All forms must be submitted to our Office before the Tax Due Date or penalties may be applied to your account for unpaid balances.

Consent forms should be directed to:

Property Taxation Department
2580 Shaughnessy St
Port Coquitlam, BC V3C 2A8

➢ Please click on the circle ☑ which indicates how you are going to submit the consent form to the City.

➢ Click on

☐ have previously provided a medical certificate (Form B) at 107-2484 WILSON AVE PORT COQUITLAM BC V3C 0A5
☐ will upload a medical certificate (Form B) when prompted by the online application process
☐ will provide a medical certificate (Form B) by some other means (e.g. mail, fax, email, in person)
Following screen appears with home owner grant information
Verify all information is correct
If you wish to cancel or make correction, click on the applicable button at the bottom of the page
If all information is correct, click on

**Electronic Home Owner Grant**

<table>
<thead>
<tr>
<th>Property Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folio Number: 260101-013</td>
</tr>
<tr>
<td>Civic Address: 2-2430 WILSON AVE PORT COQUITLAM BC V3C 1Z6</td>
</tr>
</tbody>
</table>

Please review and certify your application:

<table>
<thead>
<tr>
<th>Claimant Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name: JANE DOE</td>
</tr>
<tr>
<td>Address: 1234 ANY STREET PORT COQUITLAM, BC V3C 2A8</td>
</tr>
<tr>
<td>Phone: 604-909-9099</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grant Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Grant: $570.00</td>
</tr>
<tr>
<td>Additional Grant: $275.00 PENDING</td>
</tr>
<tr>
<td>Total Grant Application: $845.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Grant Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am eligible for the additional grant because:</td>
</tr>
<tr>
<td>I am designated as a person with disabilities, and receiving disability assistance, hardship assistance or a supplement, under the BC Employment and Assistance for Persons with Disabilities Act.</td>
</tr>
<tr>
<td>I will provide a consent form.</td>
</tr>
</tbody>
</table>

**Certification**

By submitting the information that I have entered on this application, I certify that
(a) ☒ I am the person named in section 1 [JANE DOE], or

**IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.**

Homeowner Grant has now been completed
Electronic Home Owner Grant

**Property Information**

- **Folio Number:** 260101:013
- **Civic Address:** 2-2430 WILSON AVE PORT COQUITLAM BC V3C 1Z6

**Claim Submitted**

Your request for a Home Owner Grant has been received and our system has been updated with your claim. If we have any questions about your claim someone from the Property Taxation department will contact you.

Please print a copy of this page for your records. It will serve as your verification that we have received your claim.

If you have claimed an additional grant of any type please ensure all required documentation is submitted to our offices before the Tax Due Date to ensure that penalties are not applied to your account. When making your tax payment, pay the applicable amount from your Tax Bill. If your additional grant is not approved, you will be responsible for the difference between the regular and additional Home Owner Grant.

If you have any questions, please contact us at the Property Taxation Department (604) 927-5425 between 8:30 am and 4:30 pm, Monday to Friday.
9. **Persons with Disabilities Additional Grant**

- Complete all boxes with a red asterisk * beside them
- Add your first and last name.
- Click on circle beside (a).

1. I,

   First Name*  [Input]
   Last Name*  [Input]
   Initial  [Input]

   **Certify that:**

   - (a) I am the registered owner of the residence;
     I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property.
     Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.

   - (b) I am the spouse or relative of the deceased owner and at the date the owner passed away we both occupied this residence as our principal residence;
     I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property.
     Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.

- Under number two, click on the circle for the disability assistance.

2. **I also qualify for the additional grant amount as:**

   - I am a senior aged 65 or older this year, date of birth being.
     Day*  [Input]
     Month*  [Input]
     Year*  [Input]

   - OR

   - I receive provincial disability assistance, hardship assistance or a supplement under the *Employment and Assistance for Persons with Disabilities Act*;

   - OR

   - I do not receive assistance as above, but I am a person with disabilities or I am living with a spouse or relative with disabilities;

   - OR

   - I am a Veteran or a surviving spouse of a veteran who receives or received a War Veterans Allowance;

   - I am a spouse or relative of a deceased owner who passed away this year and the owner would have been eligible as a senior or a person with disabilities.
Complete all boxes with a red asterisk * beside them.

If all information is correct, click on

**3. I understand that the collector and/or the Branch may require any documentation necessary to establish my eligibility for the grant. I also understand that the Branch may confirm my age and address with the Insurance Corporation of British Columbia.**

<table>
<thead>
<tr>
<th>Street Address*</th>
<th>1234</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address (Continued)</td>
<td>Any Street</td>
</tr>
<tr>
<td>City*</td>
<td>Port Coquitlam</td>
</tr>
<tr>
<td>Province*</td>
<td>BC</td>
</tr>
<tr>
<td>Postal Code*</td>
<td>V3C 2A8</td>
</tr>
<tr>
<td>Phone*</td>
<td>604-999-9999</td>
</tr>
<tr>
<td>Business Phone</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

**IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.**

[Continue] [Cancel]
- Following screen appears with home owner grant information
- If you wish to cancel or make correction, click on the applicable button at the bottom of the page

## Electronic Home Owner Grant

<table>
<thead>
<tr>
<th>Property Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folio Number:</td>
</tr>
<tr>
<td>Civic Address:</td>
</tr>
</tbody>
</table>

### Additional Information Required:
To claim the Person with Disabilities additional Grant you must be a person with disabilities or a property owner with a disabled spouse or relative residing with them permanently may also qualify for the additional grant. A signed medical certificate **Form B Certificate (PDF)** completed by your physician must be attached to the home owner grant application.

If you have supplied a medical certificate (Form B) to our office in the past, we will have that certificate on file.

Your grant will be processed at the basic grant amount until we can verify that we have on file or have received your Medical Certificate. Once we have verified your claim for the additional amount, we will adjust your grant accordingly. When making your tax payment pay box C from your Tax Bill. If your additional grant is not approved, you will be responsible for the difference between the regular and additional Home Owner Grant.

All forms must be submitted to our Office before the Tax Due Date or penalties may be applied to your account for unpaid balances.

Medical Slip forms should be directed to:

**Property Taxation Department**
2580 Shaughnessy St
Port Coquitlam, BC V3C 2A8

- Click on circle beside line that applies to you
- Click on **Continue** button

- ⊗ I have previously provided a medical certificate (Form B) at 107-2484 WILSON AVE PORT COQUITLAM BC V3C 0A5
- ⊗ I will upload a medical certificate (Form B) when prompted by the online application process
- ⊗ I will provide a medical certificate (Form B) by some other means (e.g. mail, fax, email, in person)
Following screen appears with home owner grant information
- Verify all information is correct
- If you wish to cancel or make correction, click on the applicable button at the bottom of the page
- If all information is correct, click on

**Electronic Home Owner Grant**

<table>
<thead>
<tr>
<th>Property Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folio Number:</td>
</tr>
<tr>
<td>Civic Address:</td>
</tr>
</tbody>
</table>

Please review and certify your application:

**Claimant Information**

| Full Name:          | JOHN DOE            |
| Address:            | 1234 ANY STREET     |
|                     | PORT COQUITLAM, BC V2C 2A6 |
| Phone:              | 604-999-9999        |

**Grant Information**

- Basic Grant: $570.00
- Additional Grant: $275.00 **PENDING**
- Total Grant Application: $845.00

**Additional Grant Details**

I am eligible for the additional grant because:
I am a person with disabilities, or am the spouse or relative of a person with disabilities, and the person with disabilities resides with me, and I have provided the collector with the required Form B Certificate.

I will provide a medical certificate (Form B).

**Certification**

By submitting the information that I have entered on this application, I certify that
(a) ☒ I am the person named in section 1 [JOHN DOE], or

**IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.**

[Buttons: Cancel, Make Correction, Claim Grant]
Electronic Home Owner Grant

Property Information

- Folio Number: 242030-007
- Civic Address: 107-2484 WILSON AVE PORT COQUITLAM BC V3C 0A5

Claim Submitted

Your request for a Home Owner Grant has been received and our system has been updated with your claim. If we have any questions about your claim someone from the Property Taxation department will contact you.

Please print a copy of this page for your records. It will serve as your verification that we have received your claim.

If you have claimed an additional grant of any type please ensure all required documentation is submitted to our offices before the Tax Due Date to ensure that penalties are not applied to your account. When making your tax payment, pay the applicable amount from your Tax Bill. If your additional grant is not approved, you will be responsible for the difference between the regular and additional Home Owner Grant.

If you have any questions, please contact us at the Property Taxation Department (604) 927-5425 between 8:30 am and 4:30 pm, Monday to Friday.

- Homeowner Grant has now been completed.
- Click on [Print] if you wish to print a copy for your records.

Claimant Information

- Full Name: JOHN DOE
- Address: 1234 ANY STREET
- Phone: 604-600-9000

Grant Information

- Basic Grant: $570.00
- Additional Grant: $275.00  PENDING
- Total Grant Application: $845.00

Pending Reason:

Form B Certificate is required before the grant can be approved.

Submitted By: JOHN DOE
Authorization Date: May 15, 2019 2:51 PM
Authorization Number: HO-0197314
Order Number: 112269
Claim Number: 104992
10. Veteran/Surviving Spouse of Veteran Additional Grant

- Complete all boxes with a red asterisk * beside them.
- Add your first and last name.
- Click on circle beside (a).

I,  

<table>
<thead>
<tr>
<th>First Name</th>
<th>John</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Doe</td>
</tr>
<tr>
<td>Initial</td>
<td></td>
</tr>
</tbody>
</table>

Certify that:

- (a) I am the registered owner of the residence;
  I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property;
  Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.

- (b) I am the spouse or relative of the deceased owner and at the date the owner passed away we both occupied this residence as our principal residence;
  I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property;
  Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.
➢ Under number two, click on the circle stating you are a Veteran or a surviving spouse of a veteran who receives a War Veterans Allowance.

2. I also qualify for the additional grant amount as:

- I am a senior aged 65 or older this year, date of birth being:
  - Day*
  - Month*
  - Year*

OR

- I receive provincial disability assistance, hardship assistance or a supplement under the Employment and Assistance for Persons with Disabilities Act;

OR

- I do not receive assistance as above, but I am a person with disabilities or I am living with a spouse or relative with disabilities;

OR

- I am a Veteran or a surviving spouse of a veteran who receives or received a War Veterans Allowance.
Complete all boxes with a red asterisk * beside them.

If all information is correct, click on Continue.

3. I understand that the collector and/or the Branch may require any documentation necessary to establish my eligibility for the grant. I also understand that the Branch may confirm my age and address with the Insurance Corporation of British Columbia.

<table>
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<th>Field</th>
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<tbody>
<tr>
<td>Street Address*</td>
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<td>Phone*</td>
<td>604-999-9999</td>
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<tr>
<td>Business Phone</td>
<td>___________</td>
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<tr>
<td>Email Address</td>
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</tbody>
</table>

IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.

[Continue]
➢ Add your/your spouse's veteran file number.

➢ Click on Continue

**Electronic Home Owner Grant**

**Property Information**

- Folio Number: 260101-013
- Civic Address: 2-2430 WILSON AVE PORT COQUITLAM BC V3C 1Z6

**Additional Information Required:**
Before we can approve your Additional Grant Claim we must verify your information with Veterans Affairs Canada. If you can provide us with your File Number it will speed up the verification process. The File Number is 7 digits long and will always start with a K. To be eligible for this grant you must be a veteran or the spouse or widow/widower of a veteran receiving an allowance under the War Veterans Allowance Act (Canada) or the Civilian War-related Benefits Act (Canada).

Your grant will be processed at the basic grant amount until we can verify your status with the Veterans Affairs Canada Office. Once we have verified your claim for the additional amount, we will adjust your grant accordingly.

When making your tax payment, pay the applicable amount from your Tax Bill. If your additional grant is not approved, you will be responsible for the difference between the regular and additional Home Owner Grant.

If you are or will be 65 years of age or older during this calendar year you can claim the Senior additional grant and your claim will be processed immediately at the additional grant amount without requiring further verification. If you are 65 or older, choose the Make Corrections button below and change your grant type to Senior.

[Form fields and buttons for input and selection]
Electronic Home Owner Grant

Property Information

- Folio Number: 260101-013
- Civic Address: 2-2430 WILSON AVE PORT COQUITLAM BC V3C 1Z6

Claimant Information

- Full Name: JANE DOE
- Address: 1234 ANY STREET
  PORT COQUITLAM, BC V3C 2A8
- Phone: 604-999-9999

Grant Information

- Basic Grant: $570.00
- Additional Grant: $275.00 PENDING
- Total Grant Application: $845.00

Additional Grant Details

I am eligible for the additional grant because:
I am in receipt of, am the spouse of a person who is in receipt of, or am the spouse of a deceased person who was, on the date of death, in receipt of an allowance under the War Veterans Allowance Act (Canada) or the Civilian War-related Benefits Act (Canada).

File Number: K999999

Certification

By submitting the information that I have entered on this application, I certify that (a) [ ] I am the person named in section 1 [JANE DOE], or

IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.

[Buttons: Cancel, Make Correction, Claim Grant]
➢ Click on  Print  if you wish to print a copy for your records

Electronic Home Owner Grant

Property Information

Folio Number: 280101-013
Civic Address: 2-2430 WILSON AVE PORT COQUITLAM BC V3C 1Z6

Claim Submitted

Your request for a Home Owner Grant has been received and our system has been updated with your claim. If we have any questions about your claim someone from the Property Taxation department will contact you.

Please print a copy of this page for your records. It will serve as your verification that we have received your claim.

If you have claimed an additional grant of any type please ensure all required documentation is submitted to our offices before the Tax Due Date to ensure that penalties are not applied to your account. When making your tax payment, pay the applicable amount from your Tax Bill. If your additional grant is not approved, you will be responsible for the difference between the regular and additional Home Owner Grant.

If you have any questions, please contact us at the Property Taxation Department (604) 927-5425 between 8:30 am and 4:30 pm, Monday to Friday.
11. Surviving Spouse/Relative of a Deceased Senior

- If you are a spouse or relative of a deceased owner who passed away this year and the owner would have been eligible as a senior.
- Complete all boxes with a red asterisk * beside them
- Add your first and last name.
- Click on circle beside (b).

1. I, [First Name* Jane]
   [Last Name* Doe]

   Certify that:
   - (a) I am the registered owner of the residence:
     - I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property.
     - Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year.

   - (b) I am the spouse or relative of the deceased owner and at the date the owner passed away we both occupied this residence as our principal residence.
     - I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property.
     - Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year.

2. I also qualify for the additional grant amount as:

   - I am a senior aged 65 or older this year, date of birth being:
     - [Day* dd]
     - [Month* mm]
     - [Year* yyyy]

   OR
   - I receive provincial disability assistance, hardship assistance or a supplement under the Employment and Assistance for Persons with Disabilities Act;

   OR
   - I do not receive assistance as above, but I am a person with disabilities or I am living with a spouse or relative with disabilities;

   OR
   - I am a Veteran or a surviving spouse of a veteran who receives or received a War Veterans Allowance;

   - I am a spouse or relative of a deceased owner who passed away this year and the owner would have been eligible as a senior or a person with disabilities.
Complete all boxes with a red asterisk * beside them.

If all information is correct, click on 

3. I understand that the collector and/or the Branch may require any documentation necessary to establish my eligibility for the grant. I also understand that the Branch may confirm my age and address with the Insurance Corporation of British Columbia.

<table>
<thead>
<tr>
<th>Field</th>
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<td>City*</td>
<td>Port Coquitlam</td>
</tr>
<tr>
<td>Province*</td>
<td>BC</td>
</tr>
<tr>
<td>Postal Code*</td>
<td>V3C 2A8</td>
</tr>
<tr>
<td>Phone*</td>
<td>604-999-9999</td>
</tr>
<tr>
<td>Business Phone</td>
<td><em><strong>-</strong></em>-___</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.

[Continue]
Review the information below regarding additional information that is required.

Electronic Home Owner Grant

Property Information

Folio Number: 260101-015
Civic Address: 2-2432 WILSON AVE PORT COQUITLAM BC V3C 126

Additional Information Required:
The spouse or relative (spouse, child, grandchild, parent, brother or sister) of a deceased owner of an eligible residence may be eligible to claim the grant which the deceased owner would have been entitled, providing:

- he/she occupied the eligible residence as your principal residence on the date of that owner’s death and continue to so occupy the eligible residence, and
- the residence is registered in a land title office in the name of the deceased owner, that owner’s estate, the spouse or relative, and
- he/she has not claimed a grant on any other residence in the province for the current year.

You must provide a death certificate along with the information below.

Your grant will not be processed until we verify this information.

Once we have verified your claim, we will adjust your grant accordingly. When making your tax payment assume that your grant will be accepted and pay accordingly. If the grant is not approved, you will be responsible for any penalties applied to your account for unpaid balances.

Death Certificate should be directed to:

Property Taxation Department
2680 Shaughnessy St
Port Coquitlam, BC V3C 2A8

Complete all boxes that have a red asterisk * beside them.
From the drop down menu, choose your relationship to the deceased.
Then, click on circle that states how you will provide a death certificate to the city.

- Click on

  The following screen will appear.

**Electronic Home Owner Grant**

**Property Information**

- Folio Number: 101026-000
- Civic Address: 3651 WOODLAND DR PORT COQUITLAM BC V3B 4R5

**Claimant Information**

- Full Name: JANE DOE
- Address: 1234 ANY STREET
  PORT COQUITLAM, BC V3C 2A8
- Phone: 604-999-9999

**Grant Information**

- Basic Grant: $570.00 PENDING
- Additional Grant: $275.00 PENDING
- Total Grant Application: $845.00

**Additional Grant Details**

I am eligible for the additional grant because:
I am or will be 65 years of age or over during this calendar year, date of birth being 01/02/1954 (day/month/year).

Name of the deceased: JOHN DOE
Date of Death: 01/01/2019 (day/month/year)
Claimant's Relationship: Spouse

**Certification**

By submitting the information that I have entered on this application, I certify that
(a) I am the person named in section 1 [JANE DOE], or
Review, if all information is correct, click on Claim Grant.

**IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.**

Click on Print if you wish to keep a copy for your records.

### Claimant Information

- **Full Name:** JANE DOE
- **Address:**
  - 1234 ANY STREET
  - PORT COQUITLAM, BC V3C 2A8
- **Phone:** 604-999-9999

### Grant Information

- **Basic Grant:** $570.00 **PENDING**
- **Additional Grant:** $275.00 **PENDING**
- **Total Grant Application:** $845.00

- **Date of Birth:** 01/02/1954 (day/month/year)
- **Name of the Deceased:** JOHN DOE
- **Date of Death:** 01/01/2019 (day/month/year)
- **Claimant’s Relationship:** Spouse

**Pending Reason:** Death certificate is required before the grant can be approved.

- **Submitted By:** JANE DOE
- **Authorization Date:** May 15, 2019 11:47 AM
- **Authorization Number:** HOG-187312
- **Order Number:** 112267
- **Claim Number:** 194090

---

Print

Close
12. **Surviving Spouse/ Relative of Deceased Person with Disabilities Disability Allowance**

- Complete all boxes with a red asterisk * beside them
- Add your first and last name.
- Click on circle beside (b) verifying that you are the spouse or relative of a deceased owner who received Provincial disability assistance, hardship assistance or supplement under the *Employment and Assistance for Persons with Disabilities Act.*

1. I,

<table>
<thead>
<tr>
<th>First Name*</th>
<th>JOHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name*</td>
<td>DOE</td>
</tr>
</tbody>
</table>

**Certify that:**

- (a) I am the registered owner of the residence;
  - I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property;
  - Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.

- (b) I am the spouse or relative of the deceased owner and at the date the owner passed away we both occupied this residence as our principal residence.
  - I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property;
  - Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.

- Under number two, click on the circle and box as shown below:

2. I also qualify for the additional grant amount as:

- I am a senior aged 65 or older this year, date of birth being:
  - Day* dd
  - Month* mm
  - Year* yyyy

- OR

- I receive provincial disability assistance, hardship assistance or a supplement under *Employment and Assistance for Persons with Disabilities Act*;

- OR

- I do not receive assistance as above, but I am a person with disabilities or I am living with a spouse or relative with disabilities;

- OR

- I am a Veteran or a surviving spouse of a veteran who receives or received a War Veterans Allowance;

- OR

- I am a spouse or relative of a deceased owner who passed away this year and the owner would have been eligible as a senior or a person with disabilities.
Complete all boxes with a red asterisk * beside them.

If all information is correct, click on Continue.

3. I understand that the collector and/or the Branch may require any documentation necessary to establish my eligibility for the grant. I also understand that the Branch may confirm my age and address with the Insurance Corporation of British Columbia.

Street Address* 123 ANY STREET
Street Address (Continued)
City* PORT COQUITLAM
Province* BC
Postal Code* V3C 2A8
Phone* 604-999-9999
Business Phone
Email Address

IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.

Cancel Continue
The following screen will appear.

Electronic Home Owner Grant

Property Information

- Folio Number: 269101-016
- Civic Address: 3-2432 WILSON AVE PORT COQUITLAM BC V3C 126

Additional Information Required:
To claim the Employment Disabilities additional Grant you must be a person with disabilities receiving a disability allowance under the Employment and Assistance for Persons with Disabilities Act. You must provide the required Consent of Release of Information (PDF) form signed by yourself and your Ministry of Social Development & Poverty Reduction representative, verifying you are receiving these benefits.

If you have supplied a consent form to our office in the past, we will have that certificate on file.

Your grant will be processed at the basic grant amount until we can verify that we have received your Consent for Release of Information Form. Once we have verified your claim for the additional amount, we will adjust your grant accordingly. When making your tax payment, pay the applicable amount from your Tax Bill. If your additional grant is not approved, you will be responsible for the difference between the regular and additional Home Owner Grant.

All forms must be submitted to our Office before the Tax Due Date or penalties may be applied to your account for unpaid balances.

Consent forms should be directed to:

Property Taxation Department
2580 Shaughnessy St
Port Coquitlam, BC V3C 2A8

- Click on circle that states how you will provide a death certificate to the city.
- Click on Continue

Please indicate below how you will be providing a copy of your from the Ministry of Social Development and Social Innovation or a Home Owner Grant Consent for Release of Information.

- I have previously provided a copy of the consent form at 3-2432 WILSON AVE PORT COQUITLAM BC V3C 125
- I will upload a consent form when prompted by the online application process
- I will provide a consent form by some other means (e.g. mail, fax, email, in person)

[Continue]
Complete all boxes that have a red asterisk * beside them.

From the drop down menu, choose your relationship to the deceased.
Then, click on circle that states how you will provide a death certificate to the city.

- **Click on** Continue

**Relationship to the deceased**

- I will upload a death certificate when prompted by the online application process
- 🌟 I will provide a death certificate by some other means (e.g. mail, fax, email, in person)

**Cancel**  **Make Correction**  **Continue**

- **Review all information on the next screen, if it is correct,**

- **Click on** Claim Grant
The completed Homeowners Grant screen will appear.
Click on if you wish to print a copy for your records.
13. Surviving Spouse/Relative of Deceased Person with Disabilities

- Complete all boxes with a red asterisk * beside them
- Add your first and last name.
- Click on circle beside (b) verifying that you are the spouse or relative of a deceased owner who passed away this year and the owner would have been qualified as a person with disabilities or was living with a spouse or relative with disabilities, complete as shown below:

1. I,

<table>
<thead>
<tr>
<th>First Name*</th>
<th>Jane</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name*</td>
<td>Doe</td>
</tr>
</tbody>
</table>

Certify that:

- (a) I am the registered owner of the residence;
- (b) I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property;
- Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.
- I am the spouse or relative of the deceased owner and at the date the owner passed away we both occupied this residence as our principal residence;
- I am a Canadian citizen or permanent resident, I ordinarily reside in British Columbia and I occupy as my principal residence the whole or part of the building(s) located on this Property;
- Neither I nor my spouse nor the deceased owner have applied for or received a home owner grant on this Property or any other property in the Province during this calendar year and, to the best of my knowledge, no other person has received a home owner grant on this Property during this calendar year.

- Under number two, click on the circle and box as shown below:

2. I also qualify for the additional grant amount as:

- I am a senior aged 65 or older this year, date of birth being:
  - Day* dd
  - Month* mm
  - Year* yyyy

OR

- I receive provincial disability assistance, hardship assistance or a supplement under the Employment and Assistance for Persons with Disabilities Act;

OR

- I do not receive assistance as above, but I am a person with disabilities or I am living with a spouse or relative with disabilities;

OR

- I am a Veteran or a surviving spouse of a veteran who receives or received a War Veterans Allowance;

- I am a spouse or relative of a deceased owner who passed away this year and the owner would have been eligible as a senior or a person with disabilities.
Complete all boxes with a red asterisk * beside them.

If all information is correct, click on

3. I understand that the collector and/or the Branch may require any documentation necessary to establish my eligibility for the grant. I also understand that the Branch may confirm my age and address with the Insurance Corporation of British Columbia.

<table>
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<td>Phone*</td>
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<td>Business Phone</td>
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IT IS AN OFFENCE (SUBJECT TO A PENALTY OF UP TO $10,000) TO MAKE A FALSE APPLICATION FOR A HOME OWNER GRANT.

Cancel

Continue
Electronic Home Owner Grant

Property Information

Folio Number: 260101-015
Civic Address: 2-2432 WILSON AVE PORT COQUITLAM BC V3C 1Z6

Additional Information Required:
To claim the Person with Disabilities additional Grant you must be a person with disabilities or a property owner with a disabled spouse or relative residing with them permanently may also qualify for the additional grant. A signed medical certificate Form B Certificate (PDF) completed by your physician must be attached to the home owner grant application.

If you have supplied a medical certificate (Form B) to our office in the past, we will have that certificate on file.

Your grant will be processed at the basic grant amount until we can verify that we have on file or have received your Medical Certificate. Once we have verified your claim for the additional amount, we will adjust your grant accordingly. When making your tax payment pay box C from your Tax Bill. If your additional grant is not approved, you will be responsible for the difference between the regular and additional Home Owner Grant.

All forms must be submitted to our Office before the Tax Due Date or penalties may be applied to your account for unpaid balances.

Medical Slip forms should be directed to:

Property Taxation Department
2680 Shaughnessy St
Port Coquitlam, BC V3C 2A8-

- Choose applicable method for providing medical certificate to city.
- Click on Continue

[Radio buttons with options]
- I have previously provided a medical certificate (Form B) at 2-2432 WILSON AVE PORT COQUITLAM BC V3C 1Z6
- I will upload a medical certificate (Form B) when prompted by the online application process
- I will provide a medical certificate (Form B) by some other means (e.g. mail, fax, email, in person)
Electronic Home Owner Grant

Property Information

Folio Number: 260101-015
Civic Number: 2-2432 WILSON AVE PORT COQUITLAM BC V3C 1Z6

Additional Information Required:
The spouse or relative (spouse, child, grandchild, parent, brother or sister) of a deceased owner of an eligible residence may be eligible to claim the grant which the deceased owner would have been entitled, providing:

- he/she occupied the eligible residence as your principal residence on the date of that owner’s death and continue to so occupy the eligible residence, and
- the residence is registered in a land title office in the name of the deceased owner, that owner’s estate, the spouse or relative, and
- he/she has not claimed a grant on any other residence in the province for the current year.

You must provide a death certificate along with the information below.

Your grant will not be processed until we verify this information.

Once we have verified your claim, we will adjust your grant accordingly. When making your tax payment assume that your grant will be accepted and pay accordingly. If the grant is not approved, you will be responsible for any penalties applied to your account for unpaid balances.

Death Certificate should be directed to:

Property Taxation Department
2580 Shaughnessy St
Port Coquitlam, BC V3C 2A8

- Complete all boxes that have a red asterisk * beside them.
- From the drop down menu, choose your relationship to the deceased.
➢ Then, click on circle that states how you will provide a death certificate to the city.

Click on Continue

- Relationship to the deceased*:
  - Spouse

☒ I will upload a death certificate when prompted by the online application process
☒ I will provide a death certificate by some other means (e.g. mail, fax, email, in person)

➢ Review all information on the next screen, if it is correct,
➢ Click on Claim Grant.
- The completed Homeowners Grant screen will appear.
- Click on **Print** if you wish to print a copy for your records.

### Claimant Information

- **Full Name:** JANE DOE
- **Address:** 1234 ANY STREET
  PORT COQUITLAM, BC V3C 2A8
- **Phone:** 604-999-9999

### Grant Information

- **Basic Grant:** $570.00  **PENDING**
- **Additional Grant:** $275.00  **PENDING**
- **Total Grant Application:** $845.00
- **Name of the Deceased:** JOHN DOE
- **Date of Death:** 02/01/2019 (day/month/year)
- **Claimant’s Relationship:** Spouse
- **Pending Reason:** Form B Certificate is required before the grant can be approved.
  
  Death certificate is required before the grant can be approved.

- **Submitted By:** JANE DOE
- **Authorization Date:** May 15, 2019 11:24 AM
- **Authorization Number:** HOG-187311
- **Order Number:** 11226
- **Claim Number:** 194089