



OSOYOOS INDIAN BAND TAXATION

Home Owner Grant Eligibility Questionnaire

Instructions:

*Please ensure the questionnaire is filled out completely and accurately as any omissions may result in the denial of the home owner grant.

*The information provided on this form may be shared for the purposes of administering the First Nations Fiscal Management Act (FMA).

*Forward your completed questionnaire and supporting documentation to the Tax Administrator of the OIB Taxation Department.

****Please type or print clearly**

* General Inquiries: 250-498-3444

* Email: taxation@oib.ca

* Mailing address for Home Owner Grant Administration:

OIB Taxation Department

Attn: Tax Administrator

1155 Sen Pok Chin Blvd

Oliver, BC V0H 1T8

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 under the authority of section 26(a) of the FOIPPA.

Note: If in the opinion of Tax Administrator, the information or documentation submitted is incomplete or insufficient to establish your eligibility, you will be notified of the amount owed. The legislation places the onus on the claimant to prove eligibility for the grant.

PART 1 - OFFICE USE ONLY

FOLIO (ACCOUNT) NO.	TAXPAYER NAME	AUDITOR INITIALS
PROPERTY UNDER REVIEW		YEARS UNDER REVIEW

PART 2 - PROPERTY OWNER INFORMATION

FULL LEGAL NAME OF OWNER(S)		Provide address(es) of all properties owned - include postal code(s)		
Telephone No. (Permanent residence)		Telephone No. (where you can be reached)		Email Address
Was the above address your residence when the grant application was submitted?	YES <input type="radio"/> NO <input type="radio"/>	If YES, when did you move into the residence?	YY / MM / DD	Province where you are registered to vote provincially
Was the above address your residence when the property taxes were paid?	YES <input type="radio"/> NO <input type="radio"/>	If NO, where did you reside when the taxes were paid?		
Was the property rented during the year(s) under review?	YES <input type="radio"/> NO <input type="radio"/>	If YES, Provide the period of time and name of tenant(s) when property was rented		
Province of your medical plan coverage	Medical Plan Number	Province where you file your income tax return		
Province where you hold a valid driver's licence	Driver's Licence Number	Province where your vehicle is registered		

PART 3 - ADDITIONAL INFORMATION

Administration requires specific information and documentary evidence to evaluate your eligibility for the grant for the year(s) under review for the month(s) of: _____

- Photocopy of driver's licence
 BC Medical Services Plan billings
 Income tax assessment notice
 ICBC registration certificate
 Utility Bills (cable, telephone etc.)
 Other (proof that shows principal residence)

PART 4 - CERTIFICATION

**I certify that the information above is correct to the best of my knowledge.*

**I understand that it is an offence to make a false application for the grant, subject to a penalty of up to \$10,000.*

PROPERTY OWNER(S) SIGNATURE	DATE SIGNED YYYY/MM/DD
X	