

Application Instructions

Step 1: Check if you are eligible.

Step 2: Complete the Application Form.

Step 3: Get an Assessment Form completed by an in-home Occupational Therapist (OT), Physical Therapist (PT), or medical professional (if required). Visit www.bchousing.org/BC-RAHA for more information on how to find an OT or PT.

Step 4: Submit your completed application, supporting documents, and Assessment Form (if required) to:

BC Rebate for Accessible Home Adaptations
101 – 4555 Kingsway
Burnaby, BC V5H 4V8

Online: www.bchousing.org/PUF

Fax: 604 439-4729

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:

- Have all sections and declarations completed, signed, and dated
- Include all supporting documents as listed in the attached checklist
- If required, include the Assessment Form completed and signed by a registered OT, PT, or medical professional.

Missing information/documents will delay the processing of your application.

- Incomplete applications can be held for a maximum of 90 days.

The BC Rebate for Accessible Home Adaptations (BC RAHA) provides financial assistance to eligible low- and moderate-income households to complete home adaptations for continued independent living in their home.

This application is also for RAHA applicants who are members of a **housing cooperative**.

Who is eligible?

You may be eligible for BC RAHA if you meet all the following conditions:

1. A member of the household has a permanent disability or loss of ability.
2. The adaptations are directly related to the permanent disability or loss of ability. *Some adaptations must be supported by the assessment and recommendation of an Occupational Therapist (OT), Physical Therapist (PT), or medical professional.*
3. The homeowner(s)/cooperative member(s) and the person(s) requiring the adaptations must not be under sponsorship and must meet one of the following Citizenship requirements: Canadian citizen, or authorized to take up permanent residence in Canada, or Convention refugee.
4. Household gross income does not exceed \$146,270.
5. Household assets are less than \$100,000 (excluding the value of the home to be adapted).
6. The home for adaptation is occupied by the owner/cooperative member 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. Current HVLs can be found online at <https://www.bchousing.org/publications/BC-RAHA-Home-Value-Limits.pdf>

RAHA accepts applications on a first-come, first-served basis with priority to complete applications. Application intake is ongoing unless the annual program funding is exhausted.

For more information, call 604 433-2218 (toll-free at 1-800 257-7756) or online at www.bchousing.org/BC-RAHA

Please review this checklist to ensure 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.
ORIGINAL DOCUMENTS WILL NOT BE RETURNED.**

| |
|---|
| <p>1. Income Information (required for all homeowners/cooperative members and household members aged 19 and over)</p> <p><input type="checkbox"/> Most recent Notice of Assessment from Canada Revenue Agency (CRA)</p> <p>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 calling CRA at 1-800 959-8281 or logging into your CRA My Account at https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/account-individuals.html</p> <p><input type="checkbox"/> If anyone in your household receives the Disability Tax Credit (DTC) as shown on Line 31600, 31800, or 32600 of your Income Tax Return, please provide proof as this amount can be used to reduce your household income.</p> |
| <p>2. Proof of Assets (required for all homeowners/cooperative members and household members aged 19 and over)</p> <p><input type="checkbox"/> Copies of recent bank summaries and statements from all bank accounts clearly stating the account holder's name</p> <p><input type="checkbox"/> Copy of current BC Assessment for the property being occupied by the homeowner(s)</p> <p><input type="checkbox"/> Other statements showing total value of asset(s) and any other property.</p> |
| <p>3. Proof of status in Canada for all homeowners/cooperative members and the person(s) requiring adaptations</p> <p><input type="checkbox"/> If born in Canada, copy of Canadian birth certificate(s) or Canadian passport(s)</p> <p><input type="checkbox"/> If not born in Canada, please provide one of the following:</p> <ul style="list-style-type: none"> ▪ Record of Landing (IMM1000) or Confirmation of Permanent Residence (IMM5292/IMM5688) ▪ Canadian Citizenship Card (if you have been a Canadian Citizen for more than eight (8) years) ▪ Any immigration document showing the date landed and the immigration code ▪ Refugee Protection Claimant Document (RPCD) or Notice of Decision. |
| <p>4. Proof of address for person needing adaptations</p> <p><input type="checkbox"/> Utility bill or government issued ID showing residential address.</p> |
| <p>5. Assessment Form completed by an Occupational Therapist/Physical Therapist (OT/PT) or medical professional (if applicable)</p> <p><input type="checkbox"/> Completed by an Occupational Therapist/Physical Therapist (OT/PT), or medical professional.</p> <p><input type="checkbox"/> Invoice for assessment fee (if charged).</p> <p><input type="checkbox"/> Proof of hospital stay, along with proof of adaptations being completed within six (6) months of hospital stay (if applicable).</p> <p><input type="checkbox"/> BC RAHA application form submitted no later than three (3) months of adaptations being completed (if applicable).</p> |
| <p>6. If the applicant is a member of a housing cooperative</p> <p><input type="checkbox"/> A letter from the cooperative including:</p> <ul style="list-style-type: none"> ▪ Confirmation that the development does not receive subsidy from any level of government ▪ Confirmation of the number of units in the development ▪ Confirmation that the occupant is a member with shares in the cooperative or a renter that does not have shares ▪ Approval of the requested adaptations <p><input type="checkbox"/> Confirmation of membership/share purchase.</p> |
| <p>7. If the property is a strata property</p> <p><input type="checkbox"/> A letter from the strata stating approval of the requested adaptations.</p> |
| <p>8. If the property has a pad rental</p> <p><input type="checkbox"/> If the mobile home is not being rented, written approval from the pad owner for exterior adaptations; OR</p> <p><input type="checkbox"/> If the mobile home is being rented, written approval from the homeowner for adaptations.</p> |
| <p>9. If the home is on reserve</p> <p><input type="checkbox"/> A letter from the Indigenous Band confirming the homeowner's name and the home value.</p> |

FOR OFFICE USE ONLY

File:

Date:

Please Print Clearly

1. HOUSEHOLD INFORMATION

1a. Household Members

Include all homeowners/cooperative members registered on title of the property and everyone else permanently residing in the home. If required, attach additional names on a separate sheet.

| | Last Name(s) | First Name(s) | Relationship to Applicant | Date of Birth (dd/mm/yyyy) | Preferred Title/Prefix | Born in Canada? | Under private sponsorship? |
|----|--------------|---------------|---------------------------|----------------------------|------------------------|--|--|
| 1. | | | Homeowner/ Coop Member | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

1b. Name(s) of person(s) requiring adaptations:

The person requiring adaptations must be listed in 1a. Household Members.

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2. PROPERTY INFORMATION

2a. Physical Address

| | | | |
|-------|----------|-------------|-------------------------|
| Apt # | Street # | Street name | |
| City | | | B.C. Postal code |

2b. Mailing Address

Mail will be sent to the residential address, except for rural areas with no mail delivery

| | |
|-----------------|-------------------------|
| Mailing address | |
| City | B.C. Postal code |

2c. Type of Property

| | | |
|--|--|---|
| <input type="checkbox"/> Single-detached home | <input type="checkbox"/> Manufactured/trailer/mobile home | <input type="checkbox"/> Other (explain): |
| <input type="checkbox"/> Cooperative Housing | <input type="checkbox"/> Multiple unit: duplex/apartment/townhouse | |
| Have you previously received financial assistance through HAFI (after April 2019) and/or BC RAHA? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

3. CONTACT INFORMATION

| | | |
|--|---------------------|-----------------------------------|
| Home phone () - | Cell phone () - | Work phone () - |
| Optional: Name of person we can leave messages with | | Message person phone () - |
| Optional: Authorized contact* name and relationship to you | | Authorized contact phone () - |

**Note: Communication is made only with the homeowner(s) or authorized contact. By providing an authorized contact, you are giving permission for BC Housing to exchange information with that authorized contact in order to process, maintain and update your BC RAHA file. To remove an authorized contact, please contact BC Housing.*

4. OPTIONAL QUESTION

Do you or anyone in your household identify as being an Indigenous person of Canada?

Yes No *Note: This question is optional. Data is collected for planning and reporting purposes and does not impact eligibility for BC RAHA.*

5. INCOME INFORMATION

The income limit is \$146,270 Income limits are subject to change. See www.bchousing.org/BC-RAHA for current income limits.

Is your gross annual household income as reported on Line 15000 of your most recent Income Tax Return(s), plus any non-taxable income, within the limit? Yes No

6. ASSET INFORMATION

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

Property Value (Canadian \$)

***If Yes, you must provide proof of value of the property.**

Are your total household assets less than \$100,000 (excluding the value of the property to be adapted)?

Yes No

7. ADAPTATIONS

The following is a list of BC RAHA eligible adaptations. There is a lifetime maximum rebate of \$20,000. **Adaptations marked with an asterisk (*) require an Assessment Form** completed by an Occupational Therapist/Physical Therapist (OT/PT), or medical professional. Rebates are limited to a **maximum of one (1) of each adaptation** unless otherwise noted, and to a maximum of two (2) bathrooms per household. *BC RAHA does not fund appliances, repairs, therapeutic adaptations, or adaptations for ease of cleaning.*

Any work carried out before written confirmation of approval from BC Housing is not eligible for assistance, with the exception that emergency adaptations required prior to hospital release may be eligible. The RAHA application must be received by BC Housing no later than six (6) months after hospital release. Documentation confirming hospital stay and assessment supporting the need for emergency adaptations is required.

The selected adaptation(s) must directly address your permanent disability or loss of ability and improve your ability to perform the basic activities of daily living. If approved, you will receive an approval letter from BC RAHA outlining the maximum rebate for each approved adaptation. For more details, please refer to the Maximum Rebate Schedule at www.bchousing.org/BC-RAHA.

Q PLEASE PRIORITIZE THE ADAPTATIONS: Number only the requested items in order (with 1 being the highest priority). Do not duplicate numbering, even if adaptations are in different rooms. *Numbering may be used to determine which adaptations are approved or not approved based on the adaptation maximum rebate amounts and/or the lifetime maximum rebate.*

| | |
|---|---|
| ↻ | Entering the home: |
| | Lever door handle (keyed) Qty: _____ (max 3) |
| | * Exterior ramp |
| | * Level uneven surfaces |
| | * Widen exterior door Qty: _____ (max 3) |
| ↻ | Bathroom (maximum 2 bathrooms per household): |
| | Grab bar or bathtub safety rail Qty: _____ (max 6) |
| | Handheld showerhead Qty: _____ (max 2) |
| | Single lever sink faucet Qty: _____ (max 2) |
| | Shower seat/ tub transfer bench (free-standing) Qty: _____ (max 2) |
| | * Shower seat (attached/wall-mounted) Qty: _____ (max 2) |
| | * Convert tub to walk-in/wheel-in shower |
| | * Convert tub to walk-in tub/tub cutout Qty: _____ (max 2) |
| | * Toilet frame Qty: _____ (max 2) |
| | * Toilet raised/bio-bidet Qty: _____ (max 2) |
| | * Toilet seat raised Qty: _____ (max 2) |
| | * Drawer glide in vanity Qty: _____ (max 4) |
| | * Lower or raise counters to accessible height Qty: _____ (max 2) |
| | * Replace unsafe flooring with non-slip vinyl flooring Qty: _____ sq feet |
| ↻ | Bedroom: |
| | * Bed assist rail |
| | * Replace unsafe flooring with non-slip vinyl flooring Qty: _____ sq feet |

| | |
|---|---|
| ↻ | Kitchen: |
| | Single lever kitchen faucet |
| | * Drawer glide in base cabinet Qty: _____ (max 6) |
| | * Lower or raise counters to accessible height |
| | * Replace unsafe flooring with non-slip vinyl flooring Qty: _____ sq feet |
| ↻ | Other: |
| | Lever door handle (not keyed) Qty: _____ (max 4) |
| | * Hand railings (interior/exterior) Qty: _____ feet |
| | Multiple-cue fire/carbon monoxide alarm; (hearing-impaired only) Qty: _____ |
| | * Move electrical switch/outlet/thermostat to accessible Height Qty: _____ |
| | * Relocate washer/dryer |
| | * Ceiling transfer aid (lift, sling, overhead track, etc.) |
| | * Elevator/Porch Lift |
| | * Vertical transfer aid (vertical pole) Qty: _____ (max 2) |
| | * Stairlift - Curved (interior or exterior) |
| | * Stairlift - Straight (interior or exterior) Qty: _____ (max 2) |
| | * Interior Ramp |
| | * Threshold ramp Qty: _____ |
| | * Widen interior door Qty: _____ |
| | * Replace unsafe flooring with non-slip vinyl flooring Room: _____ Qty: _____ sq feet Room: _____ Qty: _____ sq feet |

Please describe your permanent disability or loss of ability and how the selected adaptations will improve your ability to perform your activities of daily living (if necessary, attach additional pages):

PLEASE READ AND SIGN

I/We declare:

- That I/we are the Owner(s) of the property or Cooperative Housing Members 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 contact the Occupational Therapist/Physical Therapist (OT/PT), or medical professional listed on my Assessment Form (if applicable) to discuss my requested adaptations and to obtain or verify information about my health condition(s) to assess my eligibility for assistance under the BC Rebate for Accessible Home Adaptations.
- BC Housing to make any inquiries that are necessary to verify any of the information I/we have provided in this application to assess my/our eligibility for assistance under the BC Rebate for Accessible Home Adaptations.

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.
- BC Housing reserves the right to review and refuse any items that are not directly related to a permanent disability or loss of ability or considered to be a duplicate or previously funded adaptations.
- Any work carried out before written confirmation of approval from BC Housing is not eligible for assistance, with the exception that emergency adaptations required prior to hospital release may be eligible. The RAHA application must be received by BC Housing no later than six (6) months after hospital release. Documentation confirming hospital stay and assessment supporting the need for emergency adaptations is required.
- 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 property 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 me/us being ineligible for assistance through the BC Rebate for Accessible Home Adaptations.

Name of homeowner/cooperative member *(please print)*

Signature of homeowner/cooperative member

Date

Name of additional homeowner/cooperative member *(please print)*

Signature of additional homeowner/cooperative member

Date

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

Purpose of this form: This form collects personal information for contact purposes and to determine eligibility for assistance through the BC Rebate for Accessible Home Adaptations. 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.

1. HOMEOWNER/COOPERATIVE MEMBER INFORMATION

Information must match Household Member #1 (homeowner/coop member) on page 2, section 1A of the Homeowner Application. This information is required to correctly match your Assessment Form to your Application.

| | | | |
|--------------|----------|---------------|-------------|
| Last name(s) | | First name(s) | |
| Apt# | Street # | Street name | |
| City | | B.C. | Postal code |

The following assessment is to be completed by an Occupational Therapist (OT), Physical Therapist (PT), or other medical professional. If any selected adaptations on the Homeowner Adaptations page (page 4 of the Homeowner Application) are marked with an asterisk (*).

Please complete and sign the sections below for your client to apply for government funded assistance through the BC Rebate for Accessible Home Adaptations (BC RAHA). BC RAHA provides rebates to offset some of the costs for eligible adaptations that directly address the applicant's **permanent disability or loss of ability** and will improve their ability to perform the basic activities of daily living in the home.

2. ASSESSMENT INFORMATION

| | |
|--|---|
| Name(s) of person(s) requiring adaptations: | |
| Was installation of emergency adaptations required prior to hospital release? <i>If YES, please provide hospital release date and medical documentation that predates the purchase and installation of adaptations.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No Hospital Release Date (if applicable): |
| Have you observed the client(s) functioning in the home? <i>Observation may be conducted physically or virtually.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please indicate if the client(s) uses the following in the home : | <input type="checkbox"/> Wheelchair/mobility scooter <input type="checkbox"/> Walker |
| Please describe the client's specific permanent disability or loss of ability and how this impacts their ability to perform basic activities of daily living in the home (i.e., bathing, toileting, cooking, access to and from/within the home etc.). Please attach a separate page if required. <hr/> <hr/> <hr/> <hr/> | |
| Has the condition lasted at least 12 months or is reasonably expected to last at least 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, please explain:</i> <hr/> <hr/> <hr/> <hr/> | |

Continued on next page

Please see Section 7 of the Homeowner's application for a list of eligible of adaptations. Select only those that apply directly to the permanent disability or loss of ability and that will improve the client's ability to perform the basic activities of daily living.

Rebates are limited to a maximum of one (1) of each adaptation unless otherwise noted. If approved, your client will receive an approval letter outlining the maximum rebate for each approved adaptation. For more information on available rebates, please visit www.bchousing.org/BC-RAHA for the Maximum Rebate Schedule.

Please note: BC RAHA does not fund adaptations for therapeutic purposes such as soaker or jetted tubs for pain relief, or adaptations for ease of cleaning (i.e., easier to clean flooring, fixtures etc.)

In case the requested adaptations exceed the maximum rebate allowed, it is helpful for the adaptations to be numbered in order of priority (with 1 as the highest priority). Do not duplicate numbering, even if adaptations are in different rooms. Numbering may be used to determine which adaptations are approved or not approved based on the adaptation maximum rebate amounts and/or the lifetime maximum rebate of \$20,000 per household.

Other adaptations will only be considered under extenuating circumstances where standard program adaptations cannot provide adequate independence and accessibility within the home. If approved, BC Housing may cap the rebate at the amount of other comparable adaptations or may require the applicant to obtain contractor estimates.

If requesting an adaptation that is not listed on the Maximum Rebate Schedule, please provide a detailed description of the required adaptation and how it will address the specific permanent disability or loss of ability. Attach a separate page if required.

Other: _____

| | |
|---|-----------------------------|
| <p>Did you charge a fee for completing an assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Please note that the maximum rebate for an OT/PT fee is \$300.</i></p> | <p>If Yes, how much? \$</p> |
|---|-----------------------------|

OCCUPATIONAL/PHYSICAL THERAPIST/MEDICAL PROFESSIONAL INFORMATION

You must be a registered Occupational/Physical Therapist or licenced medical professional. All fields below are mandatory.

| | | |
|--|------------------------------|------|
| OT/PT/Medical Professional Name (please print) | Signature | |
| OT/PT Registration or Medical Professional ID Number | Phone number () - | Date |