

# Landlord and Tenant Application

Effective April 2023

## Application Instructions

**Step 1:** Check if you are eligible.

**Step 2:** Landlord completes the Landlord portion of the Application Form and Tenant completes the Tenant portion of the Application Form.

**Step 3:** Get an in-home Occupational Therapist (OT) or Physical Therapist (PT) to complete an Assessment (if required). Visit [www.bchousing.org/BC-RAHA](http://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](http://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
  - Part 1 – Completed by Landlord
  - Part 2 – Completed by Tenant
- Include all supporting documents as listed in the attached checklist
- If required, include the Assessment Form completed and signed by a registered Occupational or Physical Therapist.

### **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 BC RAHA application form is for landlord/tenant applications. For BC RAHA applicants living in a **cooperative**, the cooperative member and the housing cooperative must fill out the Homeowner RAHA application.

## Who is eligible?

A landlord and tenant may be eligible for BC RAHA if they meet all of the following conditions:

1. The unit being adapted is legal and self-contained with a full kitchen and bathroom within the unit.
2. The unit is occupied by a rental household that lives independently (not assisted living).
3. The tenant, and/or a member of the household, has a permanent disability or loss of ability.
4. The adaptations are directly related to the permanent disability or loss of ability. *Some adaptations must be supported by an Occupational or Physical Therapist assessment and recommendation.*
5. A Tenancy Agreement is in place and the rent falls below the Rent Affordability Limits (RALs).
6. The landlord agrees that the rent for the adapted unit(s) will not be increased as a result of the adaptations.
7. The tenant(s) and the person(s) requiring the adaptation must meet one of the following Citizenship requirements: Canadian citizen, or authorized to take up permanent residence in Canada, or Convention refugee; and is/are not under private sponsorship.
8. The household gross income does not exceed \$128,810.
9. The household assets are less than \$100,000.

Intake of applications for BC RAHA begins on April 1 of each calendar year and ends on March 31 or when RAHA funding runs out.

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

<i>Documents for Landlords to Submit</i>
<b>1. If you are an authorized agent for the property owner</b> <input type="checkbox"/> Letter or documentation from the property owner confirming authorization for you to act on their behalf.
<b>2. Proof of tenancy</b> <input type="checkbox"/> A copy of a signed lease, tenancy agreement or rent receipts showing the address, landlord name, tenant names and current rent amount.
<b>3. If the property is a suite in a single-family home</b> <input type="checkbox"/> Confirmation that the property for adaptation is a legal, self-contained unit. For example: <ul style="list-style-type: none"><li>▪ Municipal Property Tax Assessment showing the unit is registered with the municipality</li><li>▪ Municipal Utility Bill showing charges for two units at the same address.</li></ul>
<b>4. If the property is a strata property</b> <input type="checkbox"/> A letter from the strata stating approval of any requested exterior adaptations.
<b>5. If the home is a mobile home and the homeowner pays pad rent</b> <input type="checkbox"/> Approval from landowner or authorized agent for any exterior adaptations.
<b>6. If the home is on reserve</b> <input type="checkbox"/> A letter from the Indigenous Band confirming the homeowner's name and the home value.

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File:	Date:

Please Print Clearly

### PART 1 – TO BE COMPLETED BY LANDLORD

**1. LANDLORD INFORMATION**       Property owner       Owner's Authorized Agent

Last name(s)	First name(s)	Organization (if applicable)
Last name(s)	First name(s)	Organization (if applicable)

**2. LANDLORD CONTACT INFORMATION**

Apt #	Street #	Street name	
City			<b>B.C.</b>
Postal code			
Home phone (     ) -		Cell phone (     ) -	
Work phone (     ) -			

**3. OPTIONAL: AUTHORIZED CONTACT**

Authorized contact name and relationship to you	Authorized contact phone (     ) -
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*Note: By providing an authorized contact, such as your tenant, 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. RENTAL PROPERTY INFORMATION**

**4a. Physical Address**

Apt #	Street #	Street name	
City			<b>B.C.</b>
Postal code			

**4b. Type of Property**      *If you are a Cooperative Housing member, please use the Homeowner RAHA application.*

<input type="checkbox"/> Single-detached home	<input type="checkbox"/> Multiple unit: duplex/apartment/townhouse	<input type="checkbox"/> Other (explain):
<input type="checkbox"/> Suite in a single-family home	<input type="checkbox"/> Manufactured/trailer/mobile home	
Has this property previously received financial assistance through HAFI (after April 2019) and/or BC RAHA? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**4c. How many units will be adapted?**      *There is a maximum of 5 units allowed per building per year. Each unit will require a separate tenant application.*

1.	Unit Number	Tenant Name(s)
2.	Unit Number	Tenant Name(s)
3.	Unit Number	Tenant Name(s)
4.	Unit Number	Tenant Name(s)
5.	Unit Number	Tenant Name(s)

**PLEASE READ AND SIGN**

**I/We declare:**

- That I/we are the owner(s)/authorized agent of the property identified in this application, and that it is my/our application, and that all the information in it is true, correct, and complete in every respect; and accurately represents my/our property information.
- 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 verify any of the information I/we have provided in this application in order 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.
- I/we are responsible to immediately inform BC Housing of any changes in my/our address or property information so that 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 of emergency adaptations required to support a release home from hospital. To be considered, emergency adaptations must have been completed within 60 days of hospital release date. Documentation confirming hospital stay and OT/PT assessment supporting that the adaptation(s) were required to allow the applicant to return home from hospital will be required. Additionally, the completed BC RAHA application form must be submitted no later than 90 days following completion of adaptations.
- 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 my/our being ineligible for assistance through the BC Rebate for Accessible Home Adaptations.

Name of landlord or owner’s authorized agent/organization ( <i>please print</i> )	
Signature of landlord or authorized agent	Date

Name of landlord or owner’s authorized agent/organization ( <i>please print</i> )	
Signature of landlord or authorized agent	Date

Name of landlord or owner’s authorized agent/organization ( <i>please print</i> )	
Signature of landlord or authorized agent	Date

**This application must be signed by all owners registered on title of the property or the authorized agent.**

**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.

FOR OFFICE USE ONLY	
File:	Date:

Please Print Clearly

### PART 2 – TO BE COMPLETED BY TENANT

#### 1. TENANT INFORMATION

Include all individuals listed on the Tenancy Agreement and everyone else permanently residing in the rental unit.  
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.			Tenant			<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

#### 2. RENTAL PROPERTY INFORMATION

Apt #	Street #	Street name				
City				<b>B.C.</b>	Postal code	
Number of bedrooms in unit <input type="checkbox"/> Bachelor/1 bedroom <input type="checkbox"/> 2 bedrooms <input type="checkbox"/> 3+ bedrooms				Monthly rent (\$)		
Landlord Name				Landlord phone (     ) -		

#### 3. OPTIONAL QUESTION

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

Yes     No    Note: Question 3 is optional. Data is collected for planning and reporting purposes and does not impact eligibility for BC RAHA.

#### 4. INCOME INFORMATION

The 2023 income limit is \$128,810    Income limits are subject to change. See [www.bchousing.org/BC-RAHA](http://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

#### 5. ASSET INFORMATION

Do you own any Canadian or Foreign property? <i>e.g., house, cottage, townhouse, condominium, land, commercial property, etc.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*If yes, you must provide proof of value of the property.</b>	Property Value (Canadian \$)
Are your total household assets, including any property, less than \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### 6. 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 or Physical Therapist (OT/PT). Rebates are limited to a **maximum of one (1) of each adaptation** unless otherwise noted, and to a maximum of one (1) bathroom 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 of emergency adaptations required to support a release home from hospital. To be considered, emergency adaptations must have been completed within 60 days of hospital release date. Documentation confirming hospital stay and OT/PT assessment supporting that the adaptation(s) were required to allow the applicant to return home from hospital will be required. Additionally, the completed BC RAHA application form must be submitted no later than 90 days following completion of adaptations.

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. Please visit [www.bchousing.org/BC-RAHA](http://www.bchousing.org/BC-RAHA) for the Maximum Rebate Schedule.

▼ **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 2)
	<b>* Exterior ramp</b>
	<b>* Level uneven surfaces</b>
	<b>* Widen exterior door</b> Qty: _____ (max 2)

▼ Bathroom (maximum 1 bathroom per household):	
	Grab bar or bathtub safety rail Qty: _____ (max 4)
	Handheld showerhead
	Shower seat/ tub transfer bench (free-standing)
	Single lever sink faucet
	<b>* Convert tub to walk-in/wheel-in shower</b>
	<b>* Shower seat (attached/wall-mounted)</b>
	<b>* Toilet frame</b>
	<b>* Toilet raised/bio-bidet</b>
	<b>* Toilet seat raised</b>
	<b>* Drawer glide in vanity</b>
	<b>* Lower or raise counters to accessible height</b>
	<b>* Replace unsafe flooring with non-slip vinyl flooring</b> Qty: _____ sq feet

▼ Bedroom:	
	<b>* Bed assist rail</b>
	<b>* Replace unsafe flooring with non-slip vinyl flooring</b> Qty: _____ sq feet

▼ Kitchen:	
	Single lever kitchen faucet
	<b>* Drawer glide in base cabinet</b> Qty: _____ (max 4)
	<b>* Lower or raise counters to accessible height</b>
	<b>* Replace unsafe flooring with non-slip vinyl flooring</b> Qty: _____ sq feet

▼ Other:	
	Lever door handle (not keyed) Qty: _____ (max 4)
	Multiple-cue fire/carbon monoxide alarm; (hearing-impaired only) Qty: _____
	<b>* Hand railings (interior/exterior)</b> Qty: _____ feet
	<b>* Interior ramp</b>
	<b>* Move electrical switch/outlet/thermostat to accessible height</b> Qty: _____
	<b>* Relocate washer/dryer</b>
	<b>* Stairlift - Curved (interior or exterior)</b>
	<b>* Stairlift - Straight (interior or exterior)</b>
	<b>* Ceiling transfer aid (lift, sling, overhead track, etc.)</b>
	<b>* Vertical transfer aid (vertical pole)</b> Qty: _____
	<b>* Threshold Ramp</b> Qty: _____
	<b>* Widen interior door</b>
	<b>* Replace unsafe flooring with non-slip vinyl flooring</b> 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 Tenants of the property 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 authorize:

- BC Housing to contact the occupational/physical therapist (OT/PT) listed on my OT/PT Assessment (if applicable) to discuss my requested adaptations and to obtain or verify information about my health condition(s) in order 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 in order 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 of previously funded adaptations.
- 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 home 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 tenant <i>(please print)</i>	
Signature of tenant	Date

Name of tenant <i>(please print)</i>	
Signature of tenant	Date

Name of tenant <i>(please print)</i>	
Signature of tenant	Date

**This application must be signed by all tenants aged 19 or over. Make additional copies of this page if required.**

**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.

Please review the following checklist to make sure 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.**

### *Documents for Tenants to Submit*

<p><b>1. Income Tax Information</b> (required for all tenants and household members aged 19 and over)</p> <p><input type="checkbox"/> Most recent <b>Notice of Assessment</b> 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 <a href="https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/account-individuals.html">https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/account-individuals.html</a></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><b>2. Proof of Assets</b> (required for all tenants and household members aged 19 and over)</p> <p><input type="checkbox"/> Copies of bank summaries and statements from <b>all</b> bank accounts clearly stating the account holder's name</p> <p><input type="checkbox"/> Other statements showing total value of asset(s).</p>
<p><b>3. Proof of status in Canada for all tenants and the person(s) requiring adaptations</b></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 <b>one</b> of the following:</p> <ul style="list-style-type: none"><li>▪ Record of Landing (IMM1000) or Confirmation of Permanent Residence (IMM5292/IMM5688)</li><li>▪ Canadian Citizenship Card (if you have been a Canadian Citizen for more than eight (8) years).</li><li>▪ Any immigration document showing the date landed and the immigration code</li><li>▪ Refugee Protection Claimant Document (RPCD) or Notice of Decision.</li></ul>
<p><b>4. Proof of address for person needing adaptations</b></p> <p><input type="checkbox"/> Utility bill or government issued ID showing residential address.</p>
<p><b>5. Occupational/Physical Therapist Assessment Form (if applicable)</b></p> <p><input type="checkbox"/> Tenant Information section of the Assessment Form <b>completed by the Tenant</b></p> <p><input type="checkbox"/> Remaining sections completed by an Occupational or Physical Therapist</p> <p><input type="checkbox"/> Invoice for Therapist assessment fee (if charged)</p>



### TENANT INFORMATION

As identified as Household Member #1 (Tenant) on page 1 of Part 2 – Tenant Information of the Application Form. 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>B.C.</b>	Postal code

**The following assessment is to be completed by an Occupational Therapist (OT) or Physical Therapist (PT) if any selected adaptations on the Tenant Adaptations page (page 3 of the Tenant 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.

### ASSESSMENT INFORMATION

Name(s) of person(s) requiring adaptations:

Have you observed the client(s) functioning in the home?  Yes  No

Please indicate if the client(s) uses the following **in the home**:  Wheelchair/mobility scooter  
 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.

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Has the condition lasted at least 12 months or is reasonably expected to last at least 12 months?  Yes  No

If No, please explain:

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Continued on next page...

Please see Section 6 of the tenant’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.

Requested adaptations should be numbered in order (with 1 being the highest priority).

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](http://www.bchousing.org/BC-RAHA) for the Maximum Rebate Schedule.

**Please note:** BC RAHA does not fund appliances, repairs, 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you charge a fee for completing an assessment? <i>Please note that the maximum rebate for an OT/PT fee is \$275.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much? \$
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### OCCUPATIONAL/PHYSICAL THERAPIST INFORMATION

*You must be a registered Occupational/Physical Therapist. All fields below are mandatory.*

OT/PT Name (please print)	Signature	
OT/PT Registration Number	Phone number (        ) -	Date