

Vacancy Tax (Empty Homes Tax)

Consent for a Registered Owner and the City of Vancouver to Collect and Use Third-Party Occupant Information

I,

Occupant's Name (PRINT)

Authorize

Registered Owner's Name (PRINT)

to collect my personal information for the purpose of disclosing it to the City to verify his/her property status declaration under the Vacancy Tax (Empty Homes Tax) program. The Registered Owner shall not use this information for any purposes not authorized by this form and shall return or destroy any remaining copies of the information once they have been provided to the City. The Registered Owner may collect and disclose the following forms of information to the City:

Please indicate the length of time (mm/dd/yyyy – mm/dd/yyyy) you resided in a hospital, long term or supportive care facility: _____

I am providing the following information as confirmation of medical care received or residence in a hospital, long term or supportive care facility for the time period indicated above (check the box that applies):

- A letter (on official letterhead) from a medical professional or hospital, long term or supportive care facility verifying that medical care was received or residence in a hospital, long term or supportive care facility was required. The letter should provide the following:
- Name and address of the medical professional or the hospital, long term or supportive care facility
 - Name of person receiving care
 - Dates for which medical care was received or residence in a hospital, long term or supportive care facility was required
- Other document(s) (please specify): _____

E-mail address (PRINT)

Phone number

Occupant's Name (PRINT)

Occupant's Signature

Date of Consent

Note to the Registered Owner: Please provide this signed form to the City along with documents provided by the occupant. Documents can be uploaded via the online compliance portal: vancouver.ca/eh-t-compliance