



The Municipality of the District of Guysborough  
 P.O. Box 79  
 33 Pleasant Street, Guysborough, N.S. B0H 1N0  
**Application for \$100.00 Tax Exemption  
 For the Fiscal year 2018-2019**

1 \_\_\_\_\_ of \_\_\_\_\_  
 Name Address

2 Property/Municipal account # \_\_\_\_\_

Property occupied by applicant as principle place of residence

\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

This Exemption Shall Apply Only To Property of A Ratepayer Occupied by Him or Her as His or Her home.

I certify that the total income for the previous year ( 2017) from the following sources:

**Note:**

*Income of all members of the same family residing in the same household must be in this Section. Maximum allowable income will be: \$25,000. or less for the \$100.00. Exemption*

**Canada Revenue Agency (CRA) - Notice of Assessment - 2017**

- (a) **Applicant Total Income (line 150)** \$ \_\_\_\_\_  
 (Please attach copy of CRA-Notice of Assessment)
  - (b) **Spouse / Common- Law Partner (line 150)** \$ \_\_\_\_\_  
 (Please attach copy of CRA-Notice of Assessment)
  - (c) **Other Individuals in same Household (line 150)** \$ \_\_\_\_\_  
 (Please attach copy of CRA-Notice of Assessment)
  - (d) **Other Individuals in same Household (line 150)** \$ \_\_\_\_\_  
 (Please attach copy of CRA-Notice of Assessment)
- Total of all Income (A+B+C+D) from above** \$ \_\_\_\_\_

**IMPORTANT:**

A copy of the previous year income (2017) Tax Assessment Form(s) as Verification of income ( Re: Notice of Assessment-CRA ) must be attached to application.

Tax Exemption applies to property taxes only.  
 Tax exemption does not apply to area rate(s) - (ie. fire levies, street lights levies , sewer operating, etc.)

IN WITNESS WHEREOF THE PARTIES HERETO HAVE AFFIXED THEIR SIGNATURES

Sworn to at \_\_\_\_\_ in the Municipality of the District of Guysborough  
 this \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
 Councillor, Justice of Peace, Commissioner  
 of Oaths in and for the Municipality of the  
 District of Guysborough

I, \_\_\_\_\_  
 hereby swear the above information  
 to be true and accurate  
 (signature of applicant)

**All applications MUST be completed in full and returned with supporting documentation and must be received by the Municipal Office on or before July 31, 2018**

Office Use Only	
District No.	_____
Assessment Value: \$	_____
Total Income: \$	_____
Tax Exemption: \$	_____
Approved:	( ) Yes ( ) No