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 2017-2018

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 (2016) 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 - 2016

(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 (2016) 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* _____*, 2017

_____
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, 2017

Office Use Only

District No. _____

Assessment Value: $ _____

Total Income: $ _____

Tax Exemption: $ _____

Approved: ( ) Yes ( ) No