



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 2019-2020

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 (2018) 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 - 2018

- (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 (2018) 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 _____, 2019

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, 2019

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