



**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: \$20,000. or less for the \$100.00. Exemption*

**Canada Revenue Agency (CRA) - Notice of Assessment - 2018**

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

**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**

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