



Policy Manual

CS.R-4.001 – Benefits Program Appendix A – Municipal Property Tax Rebate Application Form

CONTACT INFORMATION	
Applicant Name	
Mailing Address	
Roll Number	
Daytime Phone	Email

Select “Yes” in ONE of the categories below to qualify for the program.

Are you 65 years old or older? If “Yes”, please provide a copy of a piece of ID that confirms your age. <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you low income? If “Yes”, please provide a copy of your Notice of Assessment or Proof of Assessment issued to you by Revenue Canada (in accordance with FOIP Section 17). <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a disability? If “Yes”, please provide a doctor’s note or proof of disability. <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant’s Signature

Tax Clerk’s Signature

FOR OFFICE USE ONLY	
Verified Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Stamp
Current Taxes Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	
Copies of Documents Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	