



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.
 Yes 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).
 Yes No

Do you have a disability? If “Yes”, please provide a doctor’s note or proof of disability.
 Yes No

Applicant’s Signature

Tax Clerk’s Signature

FOR OFFICE USE ONLY

Verified Residence
 Yes No

Received Stamp

Current Taxes Paid
 Yes No

Copies of Documents Attached
 Yes No