



APPLICATION FOR REDUCTION OF PROPERTY TAX

DATE: _____

Name : _____

Address: _____

OFFICE USE ONLY	
PREVIOUS YEAR'S REDUCTION	
APPROVED YES	____ NO ____
200__ PROPERTY TAX	_____
DISCOUNT _____%	_____
NET TAXES PAYABLE	_____
DATE APPROVED	_____

OCCUPANTS 18 YEARS OF AGE & OLDER RESIDING AT THE ADDRESS:

TOTAL ESTIMATED INCOME FOR ALL SOURCES:

I. Basement Apartment Income	\$ _____
II. Income From Boarders	\$ _____
III. Spousal Income	\$ _____
IV. Interest Income	\$ _____
V. Pension Income	\$ _____
VI. Self-Employment Income	\$ _____
VII. Severance Pay	\$ _____
VIII. R.R.S.P Income	\$ _____
IX. Income of Other Occupants Of Household Listed above	\$ _____

TOTAL ANNUAL INCOME(ACTUAL) \$ _____

PLEASE NOTE:

- REDUCTION WILL BE BASED ON PRIOR YEAR'S INCOME.
- APPLICATION TO BE VERIFIED WITH COPY OF PRIOR YEAR'S INCOME TAX ASSESSMENT NOTICE RECEIVED FROM REVENUE CANADA.
- AFFIDAVIT BELOW MUST BE COMPLETED, SIGNED AND SWORN TO.



AFFIDAVIT

I, _____, of the Town of Gander, in the Province of Newfoundland **MAKE OATH AND SAY** that the information given in this application is true, correct and complete to the best of my knowledge and belief, and I hereby authorize any or all of the sources of income mentioned in this application to give to the Town of gander any information required in connection with this application. A photocopy of this authorization shall be as valid as the original.

I further undertake to advise the Town of Gander, in writing, of any changes in my circumstances as stated herein.

SWORN TO before me at Gander, in the
Province of Newfoundland, this
_____ day of _____, A.D., 200__.

Signature - Applicant

Justice of the Peace or
Commissioner for Oaths