



**TOWN OF GANDER**

100 Elizabeth Drive, Gander NL A1V 1G7

Office Hours: 8:30am - 4:30pm Monday to Friday

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[www.gandercanada.com](http://www.gandercanada.com)

**APPLICATION FOR REDUCTION OF PROPERTY TAX**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Date Last Employed: \_\_\_\_\_

|  |                    |
|--|--------------------|
| <b>OFFICE USE ONLY</b>   | Prepared by: _____ |
| Previous Years Reduction Approved <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| 20__ Property Tax  | _____              |
| Discount _____%  | _____              |
| Net Taxes Payable  | _____              |
| Date Approved  | _____              |
| Roll #   | _____              |

**Applicant Information:**

- **Please attach your Notice of Assessment from Revenue Canada**
- Application to be verified with a copy of prior year's Income Tax with copies of all information slips attached.
- Reduction will be based on the prior year's income.

**Occupants: (18 years of age & older residing at same address)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Total Estimated Income for all Sources**

- |   |          |
|---|----------|
| 1. Basement Apartment Income                      | \$ _____ |
| 2. Income From Boarders                           | \$ _____ |
| 3. Spousal Income                                 | \$ _____ |
| 4. Interest Income                                | \$ _____ |
| 5. Pension Income                                 | \$ _____ |
| 6. Employment or Self-Employment Income           | \$ _____ |
| 7. Severance Pay                                  | \$ _____ |
| 8. R.R.S.P Income                                 | \$ _____ |
| 9. Income of other occupants of household listing | \$ _____ |
| 10. Other Income                                  | \$ _____ |

**TOTAL 20\_\_\_\_\_ income (actual) \$ \_\_\_\_\_**

**Application Declaration:**

I have read and agree 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 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.

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_\_  
Date