

TOWN OF TRAYTOWN

APPLICATION FOR REDUCTION OF PROPERTY TAX

DATE: _____

NAME: _____

ADDRESS: _____

OFFICE USE ONLY

PREVIOUS YEAR'S REDUCTION

APPROVED: YES____ NO____

AMOUNT CHARGED: \$_____

DISCOUNT: ____% \$_____

NET TAXES PAYABLE: \$_____

DATE APPROVED _____

PLEASE LIST ALL OCCUPANTS 18 YEARS & OLDER RESIDING AT THIS ADDRESS:

ESTIMATED	ANNUAL	HOUSEHOLD	INCOME	IN
		2016		
1.	Employment	Income		
2.	Self---Employment	Income		
3.	El and/or Pension	Income		
4.	Income Support	Payments		
5.	Income from	Boarders		
6.	Income from	Apartment Rental		
7.	Interest	Income		
8.	RRSP	Income		
9.	Income of Other	Occupants Listed Above		
10.	Other			
TOTAL	HOUSEHOLD			

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.

TOWN OF TRAYTOWN

AFFIDAVIT

I, _____, 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 Traytown 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 _____, in the Province of Newfoundland and Labrador, this ____ day of _____, A.D., 201__.

Signature - Applicant

Town Clerk