

OFFICE USE ONLY	
Total Exemption Applied:	
Date Exemption Applied:	

## 2021 Low Income Property Tax Exemption Application

Assessment Account Number:	
Applicant's Name:	
Mailing Address:	
Telephone Number:	

**\*Proof of Income (2020 Notice of Assessment from CRA) must be provided for all adults living in the household.\***

Applicant Total Income **before** all deductions (line 15000 of Notice of Tax Assessment from CRA)

\$ \_\_\_\_\_

Other Individuals in same household (Total Income **before** all deductions from line 15000 Notice of Tax Assessment from CRA)

+ \$ \_\_\_\_\_

+ \$ \_\_\_\_\_

**TOTAL INCOME FROM ABOVE = \$ \_\_\_\_\_**

**Please read and agree to the following:**

- I own/hold legal title to the above noted property.
- I certify total household income for 2020 does not exceed \$30,000.00
- I understand the Low-Income Exemption amount is up to a maximum of \$200.00 for the current tax year. No retroactive exemptions will be granted.
- I occupy the property as my principal place of residence.
- I understand the exemption will not be granted to any account with arrears.
- I have included the Notice of Assessments for 2020 for each resident of the household.
- I understand the deadline for this application is December 31<sup>st</sup>, 2021 and no application will be accepted after this date.

**IN WITNESS WHEREOF THE PARTIES HERETO HAVE AFFIXED THEIR SIGNATURE.**

Sworn to at \_\_\_\_\_ in the County of Antigonish this \_\_\_\_\_ day of \_\_\_\_\_ of 2021.

I hereby swear the above information to be an accurate statement.

\_\_\_\_\_  
Applicant Signature

**ANY PERSON PROVIDING FALSE OR MISLEADING INFORMATION WHICH MAY INDUCE THE MUNICIPALITY TO GRANT, OR TO CONSIDER TO GRANT AN EXEMPTION SOUGHT BY THE APPLICANT PURSUANT TO SECTION 79(1) OF THE MUNICIPAL GOVERNMENT ACT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.**