

	FCS – Application for Senior Citizens Tax Reduction	Finance and Corporate Services
	<b>Application For Senior Citizens Tax Reduction</b>	

Property Information	<b>SECTION 1</b>
----------------------	------------------

Property Location \_\_\_\_\_

Account # \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Applicant Information	<b>SECTION 2</b>
-----------------------	------------------

Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (mobile) \_\_\_\_\_

E-mail \_\_\_\_\_

Applicant Eligibility	<b>SECTION 3</b>
-----------------------	------------------

**For first time applicants or for those seniors who may have a lapse in their Senior Citizens Tax Reduction.**

Please attach a letter of confirmation from the Government of Canada stating that you are in receipt of, and the effective date of, either the Guaranteed Income Supplement or the Allowance for the Survivor (under OAS). Please call Service Canada’s Toll-Free number 1-800-277-9914 to request this confirmation letter and submit with your application.

Applicant Declaration

**SECTION 4**

I hereby apply for the City of St. John’s Senior Citizens Tax Reduction for \_\_\_\_\_  
 (Applicable year(s))

To qualify for the Senior Citizens Tax Reduction, I certify that:

*Please answer each question with Yes or No.*

- I am 65 years of age or older and I am in receipt of the Guaranteed Income Supplement provided under the Old Age Security Act or I am between the ages of 60 and 64, and in receipt of the Allowance for the Survivor provided under the Old Age Security Act.  
 Yes                  No
  
- I am the assessed owner (joint owner) of the above-described property.  
 Yes                  No
  
- I occupy the property as my principal year-round residence.  
 Yes                  No
  
- I am attaching a Letter of Confirmation indicating I am in receipt of the Guaranteed Income Supplement or the Allowance for the Survivor.  
 Yes                  No

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

\_\_\_\_\_  
 Date (yyyy-mm-dd)

Privacy Notice

**SECTION 5**

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of processing the above application. Questions about the collection and use of the information may be directed to Revenue Accounting Billing Clerk, Revenue Accounting Division, (709) 576-8400 or 576-8251.

Please send completed form to:

Revenue Accounting Division  
 1st Floor City Hall  
 City of St. John’s  
 P.O. Box 908  
 10 New Gower Street  
 St. John’s, NL A1C 5M2

For further information:

Phone: (709)-576-8251  
 Email: [taxation@stjohns.ca](mailto:taxation@stjohns.ca)  
 Fax: (709) 576-8162