



PLEASE PRINT

FIN – 1011

Department of Finance & Administration

APPLICATION FOR SENIOR CITIZEN'S TAX REDUCTION

Property Information

SECTION 1

Property Location _____

Account # _____ Parcel ID # _____

Applicant Information

SECTION 2

Owner Name _____

Mailing Address _____

Postal Code _____ Date of Birth _____

Telephone (home) _____ Telephone (mobile) _____

E-mail _____

Applicant Eligibility

SECTION 3

For 1st time applicants or for those seniors who may have a lapse in their senior citizen's 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 visit your local Service Canada Office (100 Hebron Way) or 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 Citizen's Tax Reduction for _____
 (applicable year(s))

To qualify for the Senior Citizen's Tax Reduction, I certify that:

Please answer each question, 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
 St. John's, 1st Floor City Hall
 P.O. Box 908, 10 New Gower Street
 St. John's, NL A1C 5M2

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