

	F&A – Application for Senior Citizens Tax Reduction	Finance & Administration
	<h2 style="text-align: center;">Application For Senior Citizens Tax Reduction</h2>	
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
<p>For first time applicants or for those seniors who may have a lapse in their Senior Citizens Tax Reduction.</p> <p>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.</p>		

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Applicant Declaration	SECTION 4			
<p>I hereby apply for the City of St. John's Senior Citizens Tax Reduction for _____ (Applicable year(s))</p> <p>To qualify for the Senior Citizens Tax Reduction, I certify that:</p> <p><i>Please answer each question with Yes or No.</i></p> <ul style="list-style-type: none"> 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. <div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div> 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 <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p>_____ Signature of Applicant</p> </div> <div style="width: 35%;"> <p>_____ Date (yyyy-mm-dd)</p> </div> </div>				
Privacy Notice	SECTION 5			
<p>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.</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; vertical-align: top;">Please send completed form to:</td> <td style="width: 40%; vertical-align: top;"> 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 </td> <td style="width: 40%; vertical-align: top;"> For further information: Phone: (709)-576-8251 Email: taxation@stjohns.ca Fax: (709) 576-8162 </td> </tr> </table>		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 Fax: (709) 576-8162
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