

	F&A – Water Tax Exemption For Subsidiary Apartments	Finance and Administration
	Water Tax Exemption For Subsidiary Apartments	
Property Information		SECTION 1
Property Location _____		
Applicant Information		SECTION 2
Owner(s) Name _____		
Mailing Address _____ Postal Code _____		
Telephone (home) _____ Other _____		
Email _____		
Applicant Eligibility		SECTION 3
<p>Please review the options below and select those that are applicable to you.</p> <p>The subject property is:</p> <p> used for residential purposes only</p> <p>The subject property</p> <p> contains one subsidiary apartment</p> <p>OR</p> <p> contains two subsidiary apartments</p> <p>The unit for which this application is made:</p> <p> is unavailable for rent and shall remain unavailable for rent for the calendar year, 2023.</p> <p>OR</p> <p> is occupied by Immediate Family for which no rent is being paid and shall remain as such for the calendar year, 2023.</p>		

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Applicant Declaration		SECTION 4
<p>I hereby apply for the Water Tax Exemption for 2023.</p> <p>To qualify for the Water Tax Exemption, I certify that:</p> <ol style="list-style-type: none"> 1. I/We am/are the registered owner(s) of the subject property and reside at the said property as my/our primary residence. 2. That I/We will advise the City of any changes in the use or occupancy of the subject property, including the subsidiary apartment within 30 days of such change. 3. That I/We will advise the City of any sale of the subject property as least 14 days before the closing date of such sale. 4. I/We agree and acknowledge that I/we shall permit representatives of the City to inspect the subject property within 48 hours upon request by the City. 5. I/We agree and acknowledge that should I/we submit a false Application or Affidavit or fail to notify the City of any changes in the use or occupancy of the Subsidiary Apartment at the subject property, all previously exempted water taxes on the subject property will become due and payable and the Water Tax Exemption shall be cancelled. 		
<hr/> Signature of Applicant		<hr/> Date (yyyy-mm-dd)
Privacy Information		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 the Office Services Supervisor, Assessment Division at assessment@stjohns.ca or (709) 570-2018</p>		
Please send completed form to:	Assessment Division 45 Freshwater Road PO Box 908 St. John's, NL A1C 5M2	For further information: Phone: 709-570-2018 Email: assessment@stjohns.ca