Municipality of Crowsnest Pass - Taxation Department
Senior's Rebate 2011 - Application Form

Section 1 - Property Information

Tax Roll Number: (Municipality of Crowsnest Pass resident home owner only)			
Legal Description:	Plan:	Block:	Lot(s):
Long Legal Description			

Section 2 - Personal Information

Name of Applicant(s):	
Civic Address:	
Mailing Address:	
Home Phone Number:	

Section 3 - Taxation - Senior's Rebate Eligibility

Do you receive the Federal Guaranteed Income Supplement? Yes [ ] No [ ]	If No, what date will you be eligible to receive the Guaranteed Income Supplement?	_____ (YY-MM-DD)

A COPY OF YOUR STATEMENT OF OLD AGE SECURITY {T4A (OAS)} 2010 MUST BE PROVIDED WITH YOUR APPLICATION. PLEASE NOTE THAT IF YOU HAVE NOT RECEIVED THE FEDERAL GUARANTEED INCOME SUPPLEMENT, BOX 21 ON THE T4A (OAS) WILL SHOW ZERO DOLLARS AND YOU WILL BE INELIGIBLE FOR THE SENIOR'S REBATE.

Section 4 - PERSONAL INFORMATION DISCLOSURE STATEMENT

The personal information collected on this application form is being collected for the purpose of determining eligibility of the Municipality of Crowsnest Pass Taxation - Senior's Rebate Program. The information will not be disclosed to any person or organization except as authorized by the Freedom of Information and Protection of Privacy Act.

Section 5 - DECLARATION BY APPLICANT

I (we) delcare that the information provided in this application is correct and complete. I (we) understand that incorrect reporting may result in receiving funds for which I am (we are) not eligible and I (we) may be required to pay them.

SIGNATURES:

APPLICANT: _____ **DATE:** _____

SPOUSE/PARTNER: _____ **DATE:** _____

FOR OFFICE USE ONLY:

CUSTOMER ID:				
2007 ASSESSMENT				
2011 ASSESSMENT				
TAXATION STATUS:	**PAID**		**PATP**	
AMOUNT IN BOX 21:				
ELIGIBLE FOR REBATE:	**YES**		**NO**	