

**MUNICIPALITY OF CROWNEST PASS  
SENIOR REBATE PROPERTY TAX APPLICATION FORM - 2020**

**Section 1 - Property Information**

Tax Roll Number: <small>(Municipality of Crowsnest Pass resident home owner only)</small>			
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**

**Is this your current primary residence?** Yes  No

Do you receive the Federal Guaranteed Income Supplement? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, what date will you be eligible to receive the Guaranteed Income Supplement? _____ (YY-MM-DD)
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**A COPY OF YOUR STATEMENT OF OLD AGE SECURITY {T4A (OAS)} 2019 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 33(c).

**Section 5 - DECLARATION BY APPLICANT**

I (we) declare 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 in return.

**SIGNATURES:**

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

<b>CUSTOMER ID:</b>			
	<b>2016 ASSESSMENT</b>		
	<b>2020 ASSESSMENT</b>		
	<b>TAXATION STATUS:</b>	PAID	PATP
	<b>AMOUNT IN BOX 21:</b>		
<b>ELIGIBLE FOR REBATE:</b>	YES	NO	