## MUNICIPALITY OF CROWSNEST PASS

## SENIOR'S RATE REDUCTION AND REBATE PROGRAMS - TAX AND UTILITY APPLICATION FORM

Section 1 - Property Information								
Please indicate which	service(s) yo	ou are apply	ing for:					
Property Address:								
	Utility Account Number:							
	Tax Roll Number:							
Section 2 - Personal Information (Please include all residents in household)								
Name of Applicant(s):								
Name of Applicant(s):								
Mailing Address:								
Contact Number:								
Section 3 - Eligibili	ty							
Is this your primary residence?					Yes [ ]	No [	]	
Do all household members receive the Federal					Yes [ ]	No [	1	
Guaranteed Income Supplement?								
Have you provided the most recent Statement of OldYes [] No []Age Security T4A (OAS) for every member of household?Yes [] No []							]	
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 Senior's Reduction and Rebate Programs. 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.								
SIGNATURE(S):								
APPLICANT:				DATE:				
SPOUSE/PARTNER:				DATE:				
FOR OFFICE USE ONLY:								
CUSTOMER ID:								
TAX ACCOUNT STATUS: PAID					ΡΑΤΡ			
UTILITY ACCOUNT STA	PAID			ΡΑΤΡ				
AMOUNT IN BOX 21:								
CURRENT ASSESSMEN			PREVIOUS ASSESSMENT:					
ELIGIBLE FOR TAX REB	YES			NO				
ELIGIBLE FOR UTILITY	YES			NO				