

Municipality of Crowsnest Pass
TAXATION - SENIOR'S REBATE 2010

SECTION 1 – PERSONAL INFORMATION

APPLICANT

Tax Roll Number <small>(Municipality of Crowsnest Pass resident home owner only)</small>	
[] Mr. [] Mrs. [] Ms. [] Other (specify):	
Last Name:	
First Name:	
Middle Name:	
Home Phone (incl Area Code):	

SPOUSE/PARTNER

[] Mr. [] Mrs. [] Ms. [] Other (specify)	
Last Name:	
First Name:	
Middle Name:	
Home Phone (incl Area Code):	

SECTION 2 – TAXATION – SENIOR'S REBATE ELIGIBILITY

APPLICANT

Do you receive the Federal Guaranteed Income Supplement? [] Yes [] No	If No, what date will you be eligible to receive the Federal Guaranteed Income Supplement?	YY-MM-DD
Home Address (where you live)		Postal Code
Street Address:		
Mailing Address:		

SPOUSE/PARTNER

Do you receive the Federal Guaranteed Income Supplement? [] Yes [] No	If No, what date will you be eligible to receive the Federal Guaranteed Income Supplement?	YY-MM-DD
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SECTION 3 – 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.

ITEM TO INCLUDE WITH YOUR APPLICATION

Provide copy of your Federal Guaranteed Income Supplement T-slip to confirm your eligibility (T4A(OAS) form Tax Year 2009)

SECTION 4 – DECLARATION BY APPLICANT AND SPOUSE/PARTNER

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 repay them.

Signatures:

Applicant: _____ Date: _____

Spouse/Partner: _____ Date: _____

Witness: _____ Date: _____
(Only if applicant/Spouse/Partner signed with an "X")