



Town of Lewisporte  
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## APPLICATION FOR LOW INCOME SENIORS DISCOUNT

2021

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NAME: \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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### PROOF OF GUARANTEED INCOME SUPPLEMENT

**9** Copy of T4A (OAS)

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### DECLARATION:

I certify this statement to be true and accurate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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### OFFICE USE ONLY

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Credit Note # \_\_\_\_\_