



Town of Lewisporte
 152 Main Street
 P.O. Box 219
 Lewisporte, NL A0G 3A0
 Phone (709) 535-2737
 Fax (709) 535-2695
 Website: www.lewisporte.ca

LOW-INCOME PROPERTY TAXES/FEES REDUCTION APPLICATION FORM

Name: _____
 Civic Address: _____
 Mailing Address: _____
 Date of Birth: _____
 Phone Number: _____
 Marital Status: _____

<u>OFFICE USE ONLY</u>	
20_____ TAX YEAR	ROLL #: _____
TAXES PAYABLE: \$ _____	
DISCOUNT AMOUNT (15%): \$ _____	
TOTAL INCOME FOR 20_____: \$ _____	
DATE: _____	
APPROVED BY: _____	
CREDIT NOTE #: _____	

APPLICANT INFORMATION

Occupants (18 years of age and older) residing at the same address:

Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____

- Please attach your prior year’s Notice of Assessment from Revenue Canada, OR
- A copy of prior year’s Income Tax Return with copies of all information slips.

APPLICATION DECLARATION

I have read and agree that the information given in this application is true, correct, and complete to the best of my knowledge and belief, and I hereby authorize the Town of Lewisporte to photocopy any documents attached to this application, for the sole purpose of this application. A photocopy of this authorization shall be as valid as the original.

By signing below, I understand that this application will only be approved if there are no arrears on the account associated with the property in connection with this application, and that taxes for the current year are to be paid in full by June 2, 2025.

I further acknowledge that the property associated with this application is the applicant’s principal residence, and that taxes/fees are paid by the property owner and/or occupants of the property.

 Signature of Applicant

 Date

If you are applying on behalf of the property owner(s), please state your name and relationship with applicant:

 Name

 Relationship to Applicant