

## Government of Nunavut Department of Finance

Taxation Section P.O. Box 2260 Iqaluit, Nunavut X0A 0H0 Tel.: 867-975-5837 Fax: 867-975-5845

Toll Free: 1-800-316-3324 Email:propertytax@gov.nu.ca

## SENIOR CITIZENS AND DISABLED PERSONS PROPERTY TAX RELIEF APPLICATION AND DECLARATION FORM FOR NUNAVUT SENIOR CITIZENS AND DISABLED PERSONS IN THE GENERAL TAXATION AREA

This application must be co	ompleted for the ho	me in which	you live.		
I,		(full name) normally reside at			
Lot Block	ζ	Plan		in the	
Municipality of			, in a resident	ial unit or	
mobile unit of which I am th	ne owner or part ow	ner.			
I am applying for property t	ax relief for the yea	ar 20,	because I am a		
		enior citizen ( Disabled pers	•		
(Note: Where the applicant application on behalf of the				rson may comp	olete the
My contact information - T	E	Email:			
FOR SENIOR CITIZEN EX	EMPTION:				
I declare that I shall have a I am the owner or part own					rent year, that
And I make this solemn De same force and effect as if					it is of the
Sworn before me this		d	ay of		_ 20 at
		iı	n the Nunavut Terr	itory.	
Commissioner for Oaths, o	r Notary Public,	Signature	of Applicant		
		Date of B	irth of Applicant		

PLEASE ATTACH A COPY OF YOUR BIRTH CERTIFICATE.

## FOR DISABLED PERSONS EXEMPTION:

I declare that I am a disabled person, as defined as follows in the <u>Senior Citizens and Disabled</u>
<u>Persons Property Tax Relief Act</u>; and that I am the owner or part owner of the residential unit or mobile unit in which I live.

A disabled person means an individual who at any time on or before December 31 of the current year:

- (a) is in receipt of a pension or allowance
  - (i) for a total disability or a partial disability of at least 25 per cent under the *Workers'*Compensation Act.
  - (ii) for a severe and prolonged disability under the Canada Pension Plan, or
  - (iii) for a disability of at least 50 per cent under the War Veterans Allowance Act (Canada) or the Civilian War-related Benefits Act (Canada); or
- (b) produces a medical certificate satisfactory to the Minister responsible for Community and Government Services indicating that the person suffers from a severe or prolonged disability and setting out the nature and extent of the disability.

And I make this solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the *Canada Evidence Act*.

Sworn before me this	day of	20
At	in the Nunavut Territory.	
Commissioner for Oaths, or Notary Public Or Justice of the Peace	Signature of Applicant	

ATTACH A COPY OF ABOVE REQUIRED RECEIPT OR MEDICAL CERTIFICATE AND RETURN THE COMPELETED APPLICATION/DECLARATION TO:

Government of Nunavut
Department of Finance
Taxation Section
P.O. Box 2260
Igaluit, Nunavut X0A 0H0