**2023/24**

**LOW INCOME TAX EXEMPTION APPLICATION FORM**

Town of Annapolis Royal, P. O. Box 310, Annapolis Royal, NS B0S 1A0

1. Applicant's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is there more than one Assessed Owner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Insurance # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Property for which exemption is claimed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Income of Applicant

Total Income (Line 150 on Income Tax Return ) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(a)

1. Other Income – Income from outside Canada

$­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(b)

1. Income of **other members of the family** residing in the same household

Relationship

Name S.I.N. to Applicant

Line 150 Inc. Tax Return $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(c)

Line 150 Inc. Tax Return $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(d)

**Do any other persons not related to you reside at this residence**? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

**If (YES) include the following as Income if not included in Line 150 of your Income Tax return:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monies received for housing International students or Foster Children

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(f)

Deemed Income - Non family members over 18 if no Board or Rent in Included

In Line 150 of your Income Tax Return. (Include $4,800 for each such person)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(g)

Total Income for exemption consideration Total (a) to (g) above $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(h)

**DEDUCT**

**Any Disability CPP Benefits and War Veteran Allowances included in above $(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) (i)**

**NET INCOME FOR TAX EXEMPTION PURPOSES (h) - (i) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I swear that the above information is to the best of my knowledge, true and complete.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

Sworn before me on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2023 , at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Province of Nova Scotia.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissioner of Oaths/Justice of the Peace

**DO NOT sign the application before it has been witnessed**

**Attach income verification to application: (copy of Income Tax Assessment from the Canada Revenue Agency along with Page 1 and 2 of your 2022 Income Tax Return.)**

Property AAN # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Exemption granted $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return this form to the Town of Annapolis Royal, P.O. Box 310, 285 St. George Street, Annapolis Royal, NS B0S 1A0, **Deadline for filing application** - **May 31, 2023.**