



TOWN OF GANDER

100 Elizabeth Drive, Gander NL A1V 1G7
Office Hours: 8:30am - 4:30pm Monday to Friday
Tel (709)651-2930 Fax: (709)256-5809

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APPLICATION FOR REDUCTION OF PROPERTY TAX

Name: _____
Address: _____
Date of Birth: _____
Marital Status: _____
Present Employer: _____
Date Last Employed: _____

OFFICE USE ONLY	Prepared by: _____
Previous Years Reduction Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
20__ Property Tax	_____
Discount _____%	_____
Net Taxes Payable	_____
Date Approved	_____
Roll #	_____

Applicant Information:

- **Please attach your Notice of Assessment from Revenue Canada**
- Application to be verified with a copy of prior year's Income Tax with copies of all information slips attached.
- Reduction will be based on the prior year's income.

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

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

Total Estimated Income for all Sources

- | | |
|---|----------|
| 1. Basement Apartment Income | \$ _____ |
| 2. Income From Boarders | \$ _____ |
| 3. Spousal Income | \$ _____ |
| 4. Interest Income | \$ _____ |
| 5. Pension Income | \$ _____ |
| 6. Employment or Self-Employment Income | \$ _____ |
| 7. Severance Pay | \$ _____ |
| 8. R.R.S.P Income | \$ _____ |
| 9. Income of other occupants of household listing | \$ _____ |
| 10. Other Income | \$ _____ |

TOTAL 20__ income (actual) \$ _____

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 any or all the sources of income mentioned in this application to give to the Town of Gander any information required in connection with this application. A photocopy of this authorization shall be as valid as the original.
I further undertake to advise the Town of Gander, in writing, of any changes in my circumstances as stated herein.

Signature – Applicant

Date