

This application must be completed for the home in which you live.

I, _____ (full name) normally reside at
Lot _____ Block _____ Plan _____ in a
single family dwelling unit or mobile unit of which I am the owner or part owner in the
community of _____.

I apply for property tax relief for the year 20____, because I am a

senior citizen
or
disabled person

(Note: where the applicant is unable to complete the application, another person may complete the application on behalf of the applicant and make an appropriate declaration.)

FOR SENIOR CITIZEN EXEMPTION:

I declare that I shall have attained the age of 65 years on or before December 31 of the application year, that I am sole owner or part owner of the single family dwelling unit or mobile unit in which I live.

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 Northwest Territories.

Commissioner for Oaths, or
Notary Public, or
Justice of the Peace
My Commission expires on _____

Signature of Applicant

Date of Birth of Applicant

FOR DISABLED PERSONS EXEMPTION:

I declare that I am a disabled person, as defined as follows in the Senior Citizens and Disabled Persons Property Tax Relief Act, and that I am the sole owner or part owner of the single family dwelling 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 application year:

- (a) is in receipt of a pension or allowance
 - (i) for a total disability or a partial disability of at least 25% 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% under the War Veterans Allowance Act; or
- (b) produces a medical certificate satisfactory to the Minister responsible for Municipal and Community Affairs 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 Northwest Territories.

Commissioner for Oaths, or
Notary Public, or
Justice of the Peace
My Commission expires on _____

Signature of Applicant

Attach A Copy Of The Above Required Receipt Or Medical Certificate

FOR MORE INFORMATION OR TO RETURN THE COMPLETED APPLICATION/DECLARATION, CONTACT:
Senior and Disabled Persons Property Tax Relief
Municipal and Community Affairs, Government of the Northwest Territories at:

South Slave Region:
BOX 127
FORT SMITH NT X0E 0P0
Tel: (867) 872-6525 Fax: (867) 872-6526

Inuvik Region:
BAG SERVICE No.1
INUVIK NT X0E 0T0
Tel: (867) 777-7125 Fax: (867) 777-7352

Deh Cho Region:
BOX 240
FORT SIMPSON NT X0E 0N0
Tel: (867) 695-7228 Fax: (867) 695-2029

Sahtu Region:
BOX 70
NORMAN WELLS NT X0E 0V0
Tel: (867) 587-7111 Fax: (867) 587-2044

North Slave Region:
600, 5201-50TH AVENUE
YELLOWKNIFE NT X1A 2L9
Tel: (867) 873-7672 Fax: (867) 873-0609

Tlcho Region
Box 1320
YELLOWKNIFE NT X1A 2L9
Tel: (867) 920-8084 Fax: (867)873-0622