



Applicant Information (please print)

Deadline to Submit: December 31st

Note: Residents who are eligible to receive a property tax rebate from other governing bodies will not be eligible for this exemption.

Full Name: _____

Address: _____

Community: _____ Postal Code: _____

Phone: _____ Email: _____

Municipal Account Number:
(as it appears on your tax bill) _____

Eligibility Criteria (must select all)

- I am a permanent resident of the Municipality of the County of Richmond;
- I have legal title to the above property;
- I am not eligible to receive a property tax rebate from other governing bodies:
- The above property is my primary residence and is assessed in my name;
- My municipal tax account does not have arrears from previous years, and
- My household taxable income does not exceed the income level limit of \$35,000.

Household Members' Information

Full Name	Taxable Income Per Notice of Assessment (line 26000)
_____	_____
_____	_____
_____	_____

Program Conditions

- Properties that are a seasonal residence, vacation property, or income property are not eligible.
- Properties indebted to the Municipality for outstanding liens as a result of tax sale, proceedings, or remedies for dangerous and unsightly premises on the property are not eligible.
- Residents who are eligible to receive a property tax rebate from other governing bodies will not be eligible for this exemption.
- An application form must be completed and processed for each year, and applications will not be applied retroactively for prior years.
- Documentation for proof of income is required for all persons living in the household. A copy of the yyyy Notice of Assessment from the Canada Revenue Agency for each household member must be attached to this application. Income tax returns and/or T4 slips will not be accepted.
- Qualified applicants will receive a credit applied directly to their tax account of up to \$ 200.00.

Signature

I hereby apply to the Municipality of the County of Richmond for the municipal tax exemption of up to \$200.00 for the fiscal year yyyy under the terms and conditions as indicated above. I confirm that the information given above is true to the best of my knowledge.

Signature of account holder: _____ Date: _____

Email: taxoffice@richmondcounty.ca **Fax:** 902-226-0295
Mail or In Person: 2357, Hwy 206, P.O. Box 120, Arichat, NS B0E 1A0