

**MUNICIPALITY OF THE DISTRICT OF DIGBY  
APPLICATION FOR RESIDENTIAL PROPERTY TAX EXEMPTION  
2015/2016**

BE IT RESOLVED by the Municipality of the District of Digby, that pursuant to Section 69 of the *Municipal Government Act* and the Municipal Low Income Tax Exemption Policy # 2010, that an exemption from taxation, operating as a reduction in taxes in an amount not exceeding **\$ 225.00** and

That the exemption be granted to every person with respect to taxable property in the Municipality of the District of Digby whose **2014** income from all sources, does not exceed **\$ 23,000** (including income of all individuals residing in the home), and

That the exemption be granted only in respect of property owned by the applicant and occupied, **for 183 days of the year**, as his/her principle residence, and

**That the property has no outstanding tax arrears from previous years.**

|   |  |
|---|--|
| Name of Assessed Property Owner(s):   |  |
| Complete Mailing Address:   |  |
| Telephone Number:   | Number of people residing in dwelling: |
| Assessment Account Number:  |  |
| 1. I hereby certify that I am the owner and permanent resident of the property for which I am requesting an exemption for the 2015-2016 tax year.   |  |
| 2. Gross household income is all income, including business income, of all residents living on the property. To calculate income, use total income from all residents on the property who are over the age of 18. |  |

| EXHIBIT "A"  |         |         |       |
|--|---------|---------|-------|
| STATEMENT OF INCOME FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2014 |         |         |       |
|  | Name ** | Name ** | Total |
| Employment Income  |         |         | \$    |
| * Canada Pension Plan Income                                       |         |         |       |
| Old Age Security   |         |         |       |
| Interest Income  |         |         |       |
| Rental Income  |         |         |       |
| Business Income (specify)  |         |         |       |
| * Other Pension Income (specify)                                   |         |         |       |
| Other Income   |         |         |       |
| Total Income   |         |         | \$    |

\* Do not include *War Veterans Allowance Act* income or pensions paid pursuant to the *Pension Act (Canada)*. The *Pension Act (Canada)* is **not** the Canada Pension Plan or Old Age Security but is a death and disability pensions for veterans and their dependents.

\*\* Do not include family members who are attending school on a full time basis.

**AFFIDAVIT RESPECTING APPLICATION FOR 2015-2016 TAX EXEMPTION  
(PURSUANT TO SECTION 69 OF THE MUNICIPAL GOVERNMENT ACT)**

I, \_\_\_\_\_, of \_\_\_\_\_  
(civic address) in the Municipality of the District of Digby, and in the Province of  
Nova Scotia, being the assessed owner do hereby make oath and say:

1. I reside in the property at the above civic address for which a tax exemption is being claimed
2. The information in Exhibit "A" to this Affidavit entitled "Statement of Income" is true and correct.
3. My total income OR the total family income of the members of my family residing in the same household as me at the above civic address for the preceding calendar year, excluding *War Veterans Allowance Act* (Canada) or pension paid pursuant to the *Pension Act* (Canada) is less than \_\_\_\_\_.
4. The only family members, including spouses, common-law spouses, registered domestic partners, persons related to me by blood, marriage or adoption residing in the same household as me at the above civic address are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. My total income or the total income of the persons listed above is set out in the attached Statement of Income.
6. I consent to the Municipality of the District of Digby carrying out such inquiries as it deems necessary in order to assess my claim and I agree that the Municipality of the District of Digby has my authorization and consent to obtain information from any third party source whatsoever and I will execute any necessary documentation required in order to disclose information to the Municipality of the District of Digby.

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

|  |   |           |
|--|---|-----------|
| SOLEMNLY DECLARED                          | ) |           |
| Before me, at Seabrook, in the             | ) |           |
| County of Digby and Province               | ) |           |
| of Nova Scotia, this _____ day of          | ) |           |
| _____, 2015.                               | ) |           |
|  | ) | _____     |
|  | ) | APPLICANT |
| _____                                      | ) |           |
| Chief Administrative Officer; or Deputy    | ) |           |
| Chief Administrative Officer; or Municipal | ) |           |
| Tax Clerk; or Municipal Councillor         | ) |           |

|   |       |
|---|-------|
| Applications and Proof of Income are Requested to be returned by <b>JUNE 30, 2015</b> , to the Municipal Office, Seabrook, Digby County. Late applications <b>may</b> be approved by motion of Council. Applications <b>will not</b> be accepted after <b>December 31, 2015</b> . |       |
| Processed by:   | Date: |

**Municipality of the District of Digby  
PO Box 429  
Digby, Nova Scotia  
B0V 1A0**