SCHEDULE "A"

SENIOR CITIZENS AND/OR DISABLED PERSONS PROPERTY TAX RELIEF

APPLICATION AND DECLARATION FORM FOR THE TOWN OF INUVIK MUNICIPAL TAXATION AREA

This application must be completed for the hon	ne in which you live.
I, normally reside in the	e Town of Inuvik, at Lot
Block, in a s	ingle family dwelling unit or mobile unit of
which I am the owner or part owner.	
I apply for property tax relief for the year	, because I am a
☐ Senior citizen ☐ Disabled pers ☐ Dependant on	
NOTE: Where the applicant is unable to complete the application on behalf of the applicant and make a	e application, another person may complete the an appropriate declaration.
FOR SENIOR CITIZEN EXEMPTION	
I declare that I have attained the age of sixty-five the current year, that I am the sole owner of the si which I live, or I am part owner of the single family and all other part owners are senior citizens, disable	ingle family dwelling unit or mobile unit in dwelling unit or mobile unit in which I live
And I make this solemn Declaration conscientious it is of the same force and effect as if made un Evidence Act.	
SWORN BEFORE ME AT THE Town of Inuvik,) in the Northwest Territories, this) day of,)	
)	Signature of Applicant
A Commissioner of Oaths in and for the Northwest Territories My Commission expires	Date of Birth of Applicant

FOR DISABLED PERSONS EXEMPTION

I declare that I am a disabled person, as defined as follows in the <u>Senior Citizens and Disabled Persons Property Tax Relief Act</u>, and that I am the sole owner of the single family dwelling unit or mobile unit in which I live, or I am a part owner of the single family dwelling unit or mobile unit in which I live and all other part owners are senior citizens, disabled persons or dependants.

A disabled person means an individual who, at any time on or before December 31 of the current 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 (Canada) or the Civilian War Pensions and Allowance Act (Canada) Or,
- (b) produces a medical certificate satisfactory to the Senior Administrative Officer 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 <u>Canada</u> Evidence Act.

SWORN BEFORE ME AT THE Town of Inuvik, in the Northwest Territories, this day of,)) .)	
) Signature of Applicant)	_
A Commissioner of Oaths in and for the	,)	
Northwest Territories)	
My Commission expires	.)	

ATTACH A COPY OF ABOVE REQUIRED RECEIPT OR MEDICAL CERTIFICATE

Return the completed Application/Declaration to:

ATTENTION: LANDS OFFICER
Town of Inuvik
Box 1160 2 Firth Street
Inuvik NT X0E 0T0