

## City of Yellowknife Tax Exemption Form

### A. Application

I, \_\_\_\_\_, (print full name) ("Applicant") apply for a property tax exemption under Tax Administration By-law No. 4207 and I declare that:

- a) \_\_\_\_\_ (address of residence) is the dwelling which has been my home since \_\_\_\_\_ (dd/mm/yy) ("Residence");
- b) I agree to inform the City of Yellowknife when I establish a dwelling elsewhere;
- c) I regularly occupy or habitually return to my Residence whenever I am absent from Yellowknife, Northwest Territories for reasonable periods of time;
- d) My spouse (should I have a spouse), and my child(ren) who normally live with me (should I have child(ren)) regularly occupy or habitually return to the Residence;
- e) I agree the City of Yellowknife may take steps to verify the information in this application upon request
- f) I live principally at my Residence. The following is a list of other residential properties I sometimes occupy:
  
- g) I certify that all co-owners of the property are over the age of 65 or disabled and/or spouse or dependants of the senior citizen or disabled person co-owner.

\_\_\_\_\_  
Signature of Applicant

Declared before me at \_\_\_\_\_

On \_\_\_\_\_ (dd/mm/yy)

\_\_\_\_\_ Date (dd/mm/yy) (witness) \_\_\_\_\_

### B. Documentation ( First Time Applicants Only)

Please provide picture identification for proof of age. If you are applying as a disabled person, also provide one of:

1. An Entitlement Letter under the Canada Pension Plan indicating that the Applicant's disability is considered a severe and prolonged disability;
2. A letter from the Workers Compensation Board describing their assessment of the Applicant's disability;
3. A letter or notice from the Government of Canada indicating that the Applicant is considered disabled under the War Veterans Act or the Civilian War Pensions Act; or
4. A Disability Tax Credit Certificate issued to the Applicant by the Canada Customs and Revenue Agency.

### C. Eligibility (City Use Only)

Date of Birth (Seniors)	Date of Disability	Date of Ownership
Tax Roll Number	Property Classification	
Name of Assessed Owner		
Notes:		

The above application for tax exemption is \_\_\_\_\_ (approved/ denied).

Director, Corporate Services for City Administrator \_\_\_\_\_, (\_\_\_/\_\_\_/\_\_\_)