



**Residential Property Tax Exemption Program
for Homes Destroyed by Fire
2010-2011**

HALIFAX
REGIONAL MUNICIPALITY

PO Box 1749
Halifax, Nova Scotia
B3J 3A5 Canada

How do you pay your property taxes? Please check one.		
<input type="checkbox"/> Pre-Authorized Payment Plan	<input type="checkbox"/> Mortgage Company	<input type="checkbox"/> Pay Taxes Yourself

Date of Fire:	
Address of Property (civic address)	
Registered Owner of Property <i>(on your deed)</i> <i>Note: if there is more than one owner, all owners must sign the application</i>	<i>Note: Applicant/owner cannot be a business or industry.</i>
Assessment Account Number <i>(on your tax bill)</i>	T -
Name(s) of Applicant(s): <i>(must be the owner of the property and use it for his or her own principle residence)</i>	
Applicant's Mailing Address: <i>(if different from property civic address)</i>	
Applicant's Telephone Number: (902) _____	

Office Use Only	
Exemption Amount: \$	Processed by:
Letter Issued:	Date:

Applicant's Contact Person: *(if there's a family member, Trustee, Executor or Power of Attorney acting on your behalf in relation to this application please state the name, address and telephone number of that person)*

Name: _____

Address: _____

Telephone Number: (902) _____

You must complete the following section. Please check the correct response.

- | | |
|--|--|
| 1. a) Do you live on the property and is it your principle residence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Is the property a duplex, triplex or contain a separate apartment unit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes - (i) total living space (of all units) on the property | _____ sq. ft. |
| (ii) total living space of the unit you occupy | _____ sq. ft. |
| 2. Have you deducted any portion of your property taxes as a business expense? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "yes", how much did you deduct? \$ _____ | |

I/we hereby declare that the above information is a true and accurate statement.

Signature of Applicant(s): _____

Signature of other property owner(s): _____

Date of Application: _____

Application Check List

Your application must be complete to be processed. Make sure to include the following:

- Application signed by the owner(s) who have title to the property.
- Proof of power of attorney, executor, guardian, trustee, or living interest must be included unless you have previously submitted this to HRM, if applicable.