



Residential Property Tax Exemption Program for Homes Destroyed by Fire

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| 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:</i> <i>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 <u>and</u> 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: () _____ | |

| | |
|-----------------------------|----------------------|
| 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: () _____

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

- | | | |
|---|-------------------------------------|------------------------------------|
| 1. a) Did you live on the property at the time of the fire? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Is it your principle residence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) 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.**

Send your Application Form

Mail your application form to:

**Halifax Regional Municipality
Finance, Residential Tax
Exemption Program
PO Box 1749
Halifax, NS B3J 3A5**

**Or drop off your application form at any of our convenient
Customer Service Centres.**

- Alderney Gate, 1st Floor, 40 Alderney Drive, Dartmouth**
- 7071 Bayers Road, CGI Building, 2nd Floor, Halifax**
- Musquodoboit Harbour, Hwy 107 & East
Petpeswick Road, Musquodoboit Harbour**