



LOW-INCOME PROPERTY TAXES/FEES **REDUCTION APPLICATION FORM**

Town of Lewisporte
152 Main Street
P.O. Box 219
Lewisporte, NL A0G 3A0
Phone (709) 535-2737
Fax (709) 535-2695
Website: www.lewisporte.ca

TO QUALIFY, HOUSEHOLD ANNUAL INCOME MUST BE BETWEEN \$0 - \$38,000

Name: _____

Civic Address: _____

Mailing Address: _____

Date of Birth: _____

Phone Number: _____

Marital Status: _____

OFFICE USE ONLY

20____ TAX YEAR PAR ID: _____

TAXES PAYABLE: \$ _____

DISCOUNT AMOUNT (20%): \$ _____

TOTAL INCOME FOR 20____: \$ _____

DATE: _____

APPROVED BY: _____

CREDIT NOTE #: _____

APPLICANT INFORMATION

Occupants (students excluded) residing at the same address:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

- Please attach your prior year's Notice of Assessment (NOA) from Revenue Canada
- If your NOA is not available, a copy of prior year's Income Tax Return with copies of all information slips will be considered. NOA may be requested once received.

APPLICATION DECLARATION

I have read and agree that the information given in this application is true, correct, and complete to the best of my knowledge and belief, and I hereby authorize the Town of Lewisporte to photocopy any documents attached to this application, for the sole purpose of this application. A photocopy of this authorization shall be as valid as the original.

By signing below, I understand that this application will only be approved if there are no arrears on the account associated with the property in connection with this application, and that taxes for the current year are to be paid in full by June 1, 2026.

I further acknowledge that the property associated with this application is the applicant's principal residence, and that taxes/fees are paid by the property owner and/or occupants of the property.

Signature of Applicant

If you are applying on behalf of the property owner(s),
please state your name and relationship with applicant:

Commissioner's Stamp

Name

Signature of Commissioner for Oaths

Relationship to Applicant

Date