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**APPLICATION/DECLARATION FOR
PROPERTY TAX ALLOWANCE**
(Residential Property Tax Relief Act Section 6.1(1))

Property Account Number									

APPLICANT INFORMATION

Applicant's Social Insurance Number									
Spouse's Social Insurance Number									

Name of Applicant (Must be Assessed Owner on **January 1** of each year of application)

Mailing Address

Postal Code

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Location of Property

Marital Status on January 1 of year of application Married Single Separated Divorced Widowed Common Law

I have been the registered Owner of this property since (Year) _____ (Month) _____ (Day) _____

APPLICANT INCOME INFORMATION

Income reported **must** be the Total Taxable Income for **both** the applicant and spouse/co-habitant spouse from Line 260 of the Income Tax Return for the **year prior to the year of application**. **Combined** Total Taxable Income of applicant and spouse **cannot exceed amounts indicated in box E** in the year prior to the year of application.

Taxable income up to \$22,000..... up to a maximum of \$300.00
 Taxable income between \$22,001 - \$25,000 up to a maximum of \$200.00
 Taxable income between \$25,001 - \$30,000 up to a maximum of \$100.00

*** ONLY RECORD THE INFORMATION FOR THE YEARS YOU WISH TO APPLY FOR**

A	B	C	D	E	F
*Year of Application	Total Taxable Income of Applicant	Total Taxable Income of Spouse or Co-Habitant Spouse	Combined Total Taxable Income	Maximum Combined Total Taxable Income	Office Use Granted (1, 2, 3)
2018	Line 260 of 2017 income tax return = \$	Line 260 of 2017 income tax return = \$		\$30,000	
2017	Line 260 of 2016 income tax return = \$	Line 260 of 2016 income tax return = \$		\$30,000	
2016	Line 260 of 2015 income tax return = \$	Line 260 of 2015 income tax return = \$		\$30,000	
2015	Line 260 of 2014 income tax return = \$	Line 260 of 2014 income tax return = \$		\$30,000	

I understand that the above information will be verified with Canada Revenue Agency and that my property tax account balance may be adjusted upon verification. I recognize that if an application is not submitted, the allowance will not be granted. Anyone who knowingly makes a false or misleading statement in an application is guilty of an offence and is liable on conviction to a fine of not more than \$5000.00.

(Signature of Applicant)

(Date)

Tel (Home): _____
Tel (Work): _____

FOR OFFICE USE ONLY

Approved Granted Not Approved Verified By _____

Submit your application to Any Service New Brunswick Office **OR** Mail to SNB Assessment Office:

PO 5001 Bathurst E2A 3Z9 547-2522	PO 5001 Campbellton E3N 3H5 789-2210	PO Box 1040 Hampton E5N 8H1 832-6002
PO 5001 Miramichi E1V 3N3 627-4028	PO 5001 Saint John E2L 4Y9 643-6200	PO Box 1998 Fredericton E3B 5G4 453-2831
PO 5001 Richibucto E4W 5R5 523-7725	PO 5001 Woodstock E7M 5C6 325-4410	73 Milltown Blvd St. Stephen E3L 1G5 467-3015
PO 5001 Moncton E1C 8R3 856-3303	PO 5001 Edmundston E3V 3L3 735-2000	Revision Date January 2018