

**SENIOR CITIZEN AND DISABLED PERSONS PROPERTY TAX RELIEF  
APPLICATION AND DECLARATION FORM FOR NUNAVUT SENIOR  
CITIZEN & DISABLED PERSONS IN THE GENERAL TAXATION AREA OF  
IQALUIT**

**This application must be completed for the home in which you live.**

**I, \_\_\_\_\_ (Full Name) who resides at**

**Plan \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ in the City of Iqaluit, in a single family dwelling unit or mobile unit of which I am the owner or part owner.**

**I am applying for Property Tax Relief for the year \_\_\_\_\_, because I am a**

**Senior Citizen Or Disabled Person**

**(Note: Where the applicant is unable to complete the application, another person may complete the application on behalf of the applicant and make an appropriate declaration.)**

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**FOR SENIOR CITIZEN EXEMPTION:**

**I declare that I shall have attained the age of 65 years on or before December 31 of the current year, and that I am the owner of the single family dwelling unit or mobile unit in which I live.**

**I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath, and by Virtue of the Canada Evidence Act.**

**Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

**At \_\_\_\_\_ in Nunavut.**

\_\_\_\_\_  
**Commissioner for Oaths, or Notary  
Public, or Justice of the Peace.**

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

\_\_\_\_\_  
**Date of Birth of Applicant**

**SCHEDULE "A"**

**CITY OF IQALUIT  
BY-LAW #656**

I, \_\_\_\_\_ of the City of Iqaluit in the Nunavut Territory, do hereby apply for tax exemption under By-Law No. \_\_\_ of the City of Iqaluit in respect to the eligible property situated at:

Lot Number: \_\_\_\_\_ Block Number: \_\_\_\_\_ Plan Number: \_\_\_\_\_

I declare that I have attained the age of 65 years or that I am a disabled person; I own or am part owner of the above referenced eligible property; that I ordinarily reside in a single family dwelling unit or mobile unit situated on that land.

\_\_\_\_\_  
Applicant (*Please print name*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant (*Please sign name*)

\_\_\_\_\_  
Commissioner of Oaths, or Notary  
Public or Justice of the Peace

\_\_\_\_\_  
Date