

Corporate Services Department
Finance Division



City of Mount Pearl
3 Centennial Street
Mount Pearl, NL
A1N 1G4

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**APPLICATION FOR SENIOR CITIZEN'S
PROPERTY TAX REDUCTION**

Name of owner: _____

Address: _____

Telephone #: _____

To qualify for the City of Mount Pearl's Senior Citizen's Property Tax Reduction, I certify that:

Please reply to each question (yes /no)

I am the assessed owner (joint owner) of the above described property and have reached the age of 65 years

Proof of Age _____

I occupy the property as my principal year round residence

I am currently in receipt of the Guaranteed Income Supplement provided under the Old Age Security Act

I am attaching an entitlement letter to support the 2017 approval of the Guaranteed Income Supplement from Service Canada

I understand that I must notify the City of Mount Pearl if at any time I am no longer eligible for the Guaranteed Income Supplement.

Signature of Applicant: _____

Date of Application: _____

For Office Use

Roll Number: _____