THE TOWN OF
ANTIGONISH

274 Main Street
Antigonish, Nova Scotia
Canada B2G 2C4
P: (902) 863-2351
F: (902) 863-0460

Low Income Property Tax Exemption Affidavit

I, , of , in the Province of Nova Scotia, do solemnly declare that:

1. I permanently reside and own the property at the above civic address for which a tax exemption is being claimed.
2. I am a resident of the Town of Antigonish in the Province of Nova Scotia.
3. The information in Exhibit "A" to this Affidavit, entitled "Statement of Income", is true and correct.

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Exhibit 'A' Statement of Income

The total income of the members of my family residing in the same household as me at the above civic address for the preceding calendar year, excluding *War Veterans Allowance Act* (Canada) or pension paid pursuant to the *Pension Act* (Canada), was less than $28,510 and was as follows:

Employment Income	
Old Age Security	
Canada/Quebec Pension	
Other Pensions	
Unemployment Insurance	
Interests	
Dividends	
Rental Income	
Taxable Capital Gains	
Alimony or Maintenance Income	
Workers' Compensation	
RRSP Income	
Social Assistance Payments	
Old Age Security Supplements	
Other Income	
Total Annual Income from all Sources	**$**

4. That I have provided a copy of my Revenue Canada Notice of Assessment for the calendar year preceding the fiscal year of the Town, attached to this affidavit.
5. I consent to the Town of Antigonish carrying out such inquiries as it deems necessary in order to assess my claim and I agree that the Town of Antigonish has my authorization and consent to obtain information from any third party source whatsoever and I will execute any necessary documentation required in order to disclose information to the Town of Antigonish.

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AND I make this solemn declaration conscientiously believing the same 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*.

SOLEMNLY DECLARED before me at Antigonish, in the County of Antigonish in the Province of Nova Scotia, this ____ day of _____, 20____.

This is to certify that the foregoing is true and correct to the best of my knowledge and ability.

_____

A Commissioner of the Supreme Court of Nova Scotia, a Notary Public or a member of the Council of the Town of Antigonish

_____

Signature of Applicant

_____

_____

Address