

**TOWN OF OLD PERLICAN  
APPLICATION FOR  
POLL TAX EXEMPTION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_

The following information, together with a copy of your current year's Income Tax Assessment Notice is required if requesting an exemption on the basis of low income. In making this Declaration you are certifying that the information is correct. This is a legal document.

**PREVIOUS YEAR'S INCOME FROM ALL SOURCES:**

Income \_\_\_\_\_

EI \_\_\_\_\_

Social Assistance \_\_\_\_\_

Child Tax Credit \_\_\_\_\_

Other Income \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_ hereby make application to the Town of Old Perlican for exemption from \_\_\_\_\_ Poll Tax, based on the following :

- \_\_\_1. Total Annual Income from all sources in the previous calendar year was less than the Basic Personal Exemption for Income Tax .
- \_\_\_2. Less than 18 years of age, or over 65 whose only income is Old Age Pension
- \_\_\_3. Non-resident of the taxing municipality, employed in town less than 90 days in the financial year for which exemption is sought. (Please include a letter from employer certifying dates of hire/layoff.) Note: 90 days is not \*Working\* days, it is the PERIOD of employment.
- \_\_\_4. Resident and Tax/rate payer in another Municipality or Local Service District. (Please submit a letter from your Town Clerk or LSD Treasurer with this application.) Note: Residents of \*UNINCORPORATED\* communities are NOT exempt under this clause.

I \_\_\_\_\_ of \_\_\_\_\_ Make oath and say that all matters contained in this application are correct and true to the best of my knowledge, information and belief.

DECLARED before me at

Old Perlican, NL

this \_\_\_\_ day of \_\_\_\_\_, 20

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Applicant