

**SOLAR COLCHESTER & COZY COLCHESTER
LOW INCOME ADMINISTRATION FEE EXEMPTION FORM**

Number in household: _____

Assessment Number (AAN): _____ Property Identification Number (PID): _____

I, _____ of _____ make oath and declare that:
Name Address

1. I am a resident of the Municipality of Colchester in the Province of Nova Scotia;
2. I own the assessed property and occupy it as my principal residence;
3. The ANNUAL GROSS INCOME from all sources for the 2020 calendar year for myself, spouse, common-law spouse, and other family members that resided in the same household was as follows:

	<u>Name #1</u>	<u>Name #2</u>	<u>Name #3</u>
Employment Income	_____	_____	_____
Employment Insurance (EI)	_____	_____	_____
Old Age Security	_____	_____	_____
CPP / QPP	_____	_____	_____
Federal Supplements	_____	_____	_____
Other Pensions	_____	_____	_____
Workers' Compensation	_____	_____	_____
Social Assistance Payments	_____	_____	_____
Alimony or Maintenance Income	_____	_____	_____
Interest Income	_____	_____	_____
RRSP Income	_____	_____	_____
Rental Income	_____	_____	_____
Business / Farming Income	_____	_____	_____
Dividends	_____	_____	_____
Taxable Capital Gains	_____	_____	_____
Other Income	_____	_____	_____
SUBTOTALS	_____	_____	_____

TOTAL ANNUAL GROSS INCOME FROM ALL SOURCES: \$ _____

4. I will provide a copy of the **STEP 2 - TOTAL INCOME** page from my 2020 Revenue Canada T1 *Income Tax & Benefit Return* form to the Municipality of the County of Colchester (c/o Sarah Lynds, SLYnds@colchester.ca);
5. I consent to the Municipality of Colchester carrying out such inquiries as it deems necessary in order to assess my claim and I agree that the Municipality 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 Municipality for the purposes of this application;
6. **I understand that this is not the application for the Low Income Municipal Tax Assistance Program and that tax assistance must be applied for separately;** and
7. I understand that all information disclosed in this form and any attachments or accompanying documents will be held in confidence by the Municipality of Colchester and will only be shared with internal staff as required to review the application.

Applicant Signature

Telephone Number

Sworn to at _____ in the
County of Colchester and Province of Nova Scotia this
____ day of _____, 2021.

Witness Signature