



Application for Senior's Discount
Tax Year _____

Name of Property Owner: _____

Property Location: _____

Mailing Address: _____

Telephone #: _____

Prescription Card # _____ D.O.B. ____/____/____
(d) (m) (y)

To qualify for the City of Corner Brook's Senior's Discount for the tax year _____, I certify that:

	YES	NO
I am the assessed owner (joint owner) of the above described property and must be either living in the property or the property must be vacant. (The property cannot be rented to others or occupied by family members)		
I am currently in receipt of the Guaranteed Income Supplement and Drug Card provided under the Old Age Security Act and is attaching a copy of the letter from Service Canada (1 Regent Square, Corner Brook)		
I will be 65 years of age or over in 20____		
I am applying for the interest free payment plan. To be eligible for the interest free payment plan, 20% of the outstanding taxes for current year are to be paid in February, March, April, May and June via post-dated cheques or pre-authorized payment.		

Please note that the interest adjustment will be applied upon receipt of final payment of the current year taxes by June of current year. Discounts will not be applied to interest or arrears.

Signature of Applicant: _____ Date of Application: _____

For Office Use Only

Roll # _____

Customer ID # _____

PID # _____

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