Portugal Cove St. Philip's

LOW INCOME PROPERTY TAX REDUCTION PROGRAM APPLICATION

APPLICANT INFORMATION

Owner Name: _____

Spouse or Additional Owner: _____

Mailing Address: _____

Phone: _____ Email: _____

PROPERTY INFORMATION

Address: _____

Account#: _____ Reference# / PAR ID#: _____

ELIGIBILITY

I hereby apply for the Town of Portugal Cove-St. Philip's Low Income Property Tax Reduction Program as per the annual Budget and Tax Structure & Schedule of fees for the tax year: _____

To qualify for the Low Income Property Tax Reduction Program, I certify that:

- ☐ I have submitted Notice of Assessments from Canada Revenue Agency for the previous year for ALL household members age 18 years and over.
- ☐ My single net income is less than $22,056 **OR**
- ☐ Our combined household net income is less than $52,484
- ☐ Total Combined Household Income $ _____
  (including applicant, spouse and ALL household members age 18 and over)
- ☐ My account is in good standing.

DECLARATION STATEMENT

I acknowledge that the property identified above is my principal residence. I certify that all information provided in this application is true and I will notify the Town of Portugal Cove-St. Philip's of any changes that may affect program eligibility.

Signature: _____ Date: _____

Spouse or Additional Owner Signature: _____

OFFICE USE ONLY

Comments: _____

December 29 2025

COMPLETED APPLICATIONS CAN BE EMAILED TO: ar@pcsp.ca