

GUARANTEED INCOME SUPPLEMENT REDUCTION APPLICATION

Form SC-ISP-3057 is required annually from Service Canada stating that you are in receipt of the Guaranteed Income Supplement for a twelve-month period. If you have not received your form or have misplaced it, please call Service Canada at 1-800-277-9914 to request this confirmation letter before submitting your application.

APPLICANT INFORMATION

Owner Name: _____

Mailing Address: _____

Phone: _____ Email: _____

PROPERTY INFORMATION

Address: _____

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

APPLICANT DECLARATION

I hereby apply for the Town of Portugal Cove-St. Philip's Guaranteed Income Supplement reduction as per the annual Budget and Tax Structure & Schedule of fees for the current tax year.

To qualify for the Guaranteed Income Supplement, I certify that:

I am the assessed owner (or joint owner) of the property listed above.

I occupy the property listed above as my principle residence.

I have attached a copy of the SC-ISP-3057 form from Service Canada indicating that I am in receipt of the Guaranteed Income Supplement for a full 12 month period.

My account is in good standing.

Signature: _____ Date: _____

OFFICE USE ONLY

Comments: _____