



**Municipal District of Opportunity No. 17**  
**F.6 Grants Policy Schedule D:**  
**Application for a Senior Citizen Tax/Utility Grant**

<b>Name of Applicant:</b> _____		<b>Date of Application:</b> _____	
<b>Mailing Address:</b> _____			
<b>Legal Land Description:</b>	<b>Plan:</b> _____	<b>Block:</b> _____	<b>Lot:</b> _____
<b>Tax Roll Number:</b> _____		<b>Phone Number:</b> _____	
<b>Application for:</b> (Check one or both)	<b>Utilities Exemption:</b> _____	<b>Tax Exemption:</b> _____	

**ELIGIBILITY:**

- a) Proof of Age Attached (copy of current picture identification with DOB) Yes \_\_\_\_\_ No \_\_\_\_\_
- b) Are you an owner, lessee or life estate holder of this property? (check one)  
Owner \_\_\_\_\_ Lessee \_\_\_\_\_ Life Estate \_\_\_\_\_
- c) Do you occupy this property as your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, for how long? Less than 6 mos. \_\_\_\_\_ Over 6 mos. \_\_\_\_\_
- d) Proof of Income eligibility Attached (CRA Notice of Assessment) Yes \_\_\_\_\_ No \_\_\_\_\_  
(CRA - Canada Revenue Agency)  
i) Number of individuals in the home with income \_\_\_\_\_
- e) Do you have an existing utility account in your name? Yes \_\_\_\_\_ No \_\_\_\_\_
- f) Do you have any current debts on your Municipal Service Accounts? Yes \_\_\_\_\_ No \_\_\_\_\_

**DECLARATION:**

I declare that the above information is true and accurate. I declare that I will immediately inform the M.D. of Opportunity No. 17 if I cease to be eligible for the Senior Citizen Grant Programs for any reason such as that I cease to reside at the property, or I no longer have a utility or tax account with the MD 17.

I understand that this grant approval may be revoked if my service accounts become delinquent or the ownership of the property changes, and that this agreement can become void for any valid reason at the discretion of MD 17.

\_\_\_\_\_  
Signature of Applicant(s) Date

\_\_\_\_\_  
Signature of MD Designate Date

**Approved:** UT \_\_\_\_\_ TX \_\_\_\_\_ **Denied:** UT \_\_\_\_\_ TX \_\_\_\_\_

**Reason for Denial:** \_\_\_\_\_

*"The personal information collected with this application will be utilized for the declared purpose only and is subject to compliance with the Freedom of Information and Protection of Privacy Act."*