

**Municipal District of Opportunity No. 17  
Senior Citizen Grant Program Application/Agreement**

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

**ELIGIBILITY:**

Birthdate: \_\_\_\_\_

- a) Proof of Age Attached Yes \_\_\_\_\_ No \_\_\_\_\_  
(Attach copy of proof of identification with picture and DOB - Driver's Licence, Treaty Card, etc.)
- b) Are you a Property Owner or Renter of this property or dwelling? Owner \_\_\_\_\_ Renter \_\_\_\_\_
- c) Do you live or occupy this residence within the M.D. boundaries? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, for how long? 6 Mos. \_\_\_\_\_ 1 Yr. \_\_\_\_\_ Over 1 yr. \_\_\_\_\_
- d) Do you have an existing utility account in your name? Yes \_\_\_\_\_ No \_\_\_\_\_
- e) Do you have an existing tax account in your name? Yes \_\_\_\_\_ No \_\_\_\_\_
- f) Do you have any outstanding debts on your Municipal Service Accounts? Yes \_\_\_\_\_ No \_\_\_\_\_

NOTE: Joint owners of a residential property shall be eligible for one grant per year only where at least one owner is over 65 years old  
Seniors must reside on Life Estate Properties

**DECLARATION:**

I declare that the above information is true and accurate.  
I declare that I will immediately inform the M.D. of Opportunity if I cease to be eligible for the Senior Citizen Grant Program for reasons that:

- a) I am no longer the permanent resident of the residential property.
- b) I no longer have a utility or tax account with the M.D. of Opportunity

I understand that this grant may be revoked should my accounts become delinquent or the ownership of my property changes. This agreement will become null and void at the discretion of the Administration.

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

\_\_\_\_\_  
Information verified by M.D. Designate

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