



Residential Property Tax Exemption Program for Homes Destroyed by Fire

How do you pay your property taxes? Please check one.		
<input type="checkbox"/> Pre-Authorized Payment Plan	<input type="checkbox"/> Mortgage Company	<input type="checkbox"/> Pay Taxes Yourself

Date of Fire:	
Address of Property (civic address)	
Registered Owner of Property (<i>on your deed</i>) <i>Note: if there is more than one owner, all owners must sign the application</i>	<i>Note: Applicant/owner cannot be a business or industry.</i>
Assessment Account Number (<i>on your tax bill</i>)	
Name(s) of Applicant(s): (<i>must be the owner of the property <u>and</u> used for their principal residence</i>)	
Applicant's Mailing Address: (<i>if different from property civic address</i>)	
Applicant's Telephone Number: () _____	

Office Use Only	
Exemption Amount: \$	Processed by:
Letter Issued:	Date:

Applicant's Contact Person: (if there's a family member, Trustee, Executor or Power of Attorney acting on your behalf in relation to this application please state the name, address and telephone number of that person)

Name:

Address:

Telephone Number: () _____

You must complete the following section. Please check the correct response.

- | | | |
|--|-------|---------|
| 1. a) Did you live on the property at the time of the fire? | Yes | No |
| b) Is it your principal residence? | Yes | No |
| c) Is the property a duplex, triplex or contain a separate apartment unit? | Yes | No |
| If Yes – (i) total living space (of all units) on the property | _____ | sq. ft. |
| (ii) total living space of the unit you occupy | _____ | sq. ft. |
| 2. Have you deducted any portion of your property taxes as a business expense? | Yes | No |
| If "yes", how much did you deduct? \$ _____ | | |

Property Damage: You must complete the following section. Please check the correct response.

- | | | |
|---|--|----|
| 1. Have you been allowed to return to your home? | Yes | No |
| a) If Yes – is there damage to your home? | Yes | No |
| b) If Yes – please select the type(s) of damage (check all that apply). | | |
| | Exterior Damage | |
| | <input type="checkbox"/> Siding | |
| | <input type="checkbox"/> Roof | |
| | <input type="checkbox"/> Foundation | |
| | <input type="checkbox"/> Outbuildings e.g., shed or garage | |
| | <input type="checkbox"/> Deck or dock | |
| | <input type="checkbox"/> Windows | |
| | <input type="checkbox"/> Water contamination | |
| | Interior Damage | |
| | <input type="checkbox"/> Fire | |
| | <input type="checkbox"/> Smoke or soot | |
| | <input type="checkbox"/> Flooding | |

Please use this box to provide any additional details about the damage to your home.

I/we hereby declare that the above information is a true and accurate statement.

Signature of Applicant(s): _____

Signature of other property owner(s): _____

Date of Application: _____

Application Check List

Your application must be complete to be processed. Make sure to include the following:

- Application signed by the owner(s) who have title to the property.
- Proof of power of attorney, executor, guardian, trustee, or living interest must be included unless you have previously submitted this to HRM, if applicable.

Send your Application Form (email, mail or drop off in person)

Via email: proptax@halifax.ca

Or Mail your application form to:

Halifax Regional Municipality
Finance, Residential Tax
Exemption Program
PO Box 1749
Halifax, NS B3J 3A5

Or drop off your application form at any of our convenient Customer Service Centres.

- Alderney Gate, 1st Floor, 40 Alderney Drive, Dartmouth
- 7071 Bayers Road, CGI Building, 2nd Floor, Halifax
- Musquodoboit Harbour, Hwy 107 & East Petpeswick Road, Musquodoboit Harbour