



Application for 20% Low Income Property Tax Reduction  
Tax Year 2026

Property Address:		
Roll #:	Postal Code:	Telephone Number:
Last Name:	First Name:	Date of Birth (DD/MM/YYYY):

Please complete the Spousal and Additional Owner Information if you have a spouse and/or if the property is also owned by another person. If there is more than one additional owner, please attach a list with the first name, last name, date of birth and signature of all additional owners and their spouses not listed on this form.

Spouse's Last Name:	Spouse's First Name:	Date of Birth (DD/MM/YYYY):
Additional Owner's Last Name:	Additional Owner's First Name:	Date of Birth (DD/MM/YYYY):

### Income Information

Each owner and each spouse of an owner must submit **Notice of Assessment from the Canada Revenue Agency**. The Total Household Income is the sum of the amount **shown on line 150** from each Notice of

Please write your Total Household Income in the box on the right side  
(include applicant, spouse, and any additional property income).

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### Statement to be Signed by the Applicant:

I acknowledge that this property is my principal residence which I have or will have owned and occupied for at least one full year prior to this year and that I have not applied under any of these programs in respect of any other property this year.

I understand that if I am eligible for the Property Tax Reduction Program, I will notify the Town of Torbay when I no longer own the property and will repay the deferred amount.

I certify that all information provided in this application is true and agree to notify the Town of Torbay of any changes that would affect my eligibility. I understand that false or deceptive statements made in this application may disqualify me for eligibility.

Applicant Signature:	Spouse Signature:	Date (DD/MM/YYYY):
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*Please note the following – account must be in good standing and credit will be applied when account is paid in full.*

**Deadline for submission is June 30, 2026**

**Office Use:**

Date Received:	Confirmation of Documents:	Date Processed:
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