



**NOTICE OF APPLICATION TO ADMINISTRATOR
FOR RESIDENTIAL PROPERTY TAX CREDIT**
Residential Property Tax Relief Act (Section 6)
PROPERTY INFORMATION

Property Account Number						
Credit Code				Taxing Authority		
Current Year _____				_____		
Previous Year _____				_____		

Property Location _____ Municipality (City, Town, Village, LSD) _____

Name of Current Assessed Owner(s) _____

Number of Residential Unit(s): 1 2 3 More

If more than 1 unit, describe the portion you occupy _____

APPLICANT INFORMATION

Name of owner(s) / applicant(s) who occupy(ies) the property _____

Previous address of all Applicant(s) _____ Were you a TENANT OWNER
(spouse/common law, etc.) _____ Were you a TENANT OWNER

Date of Birth of all Applicant(s) _____

Marital Status of all Applicant(s) Married Single Separated Divorced Widowed Common Law

Do you or other applicants (spouse/common law, etc.) own other property (including land) YES NO If yes, give Location and Property Account Numbers: _____

I hereby make application for a residential tax credit on this property for the year(s) _____

Please complete ONE of the following (note: must be assessed owner(s) and resident(s) of New Brunswick for A-B-D & E):

- A) Property transferred before **January 1st** and date of occupancy **D/ __M/ __Y/ __**
- B) Property transferred after January 1st, and I have now established my principal place of residence on the property. Date of occupancy **D/ __M/ __Y/ __**.
- C) Property is a New Construction and is a single family dwelling, never lived in by anyone on **January 1; _____** and owner **occupied since _____**
- D) Alternate housing located in the province of NB for health reasons and property not rented on **January 1 _____**
- E) I occupy the property on a part-time basis, it is my residence for at least 183 days each year; **Date of Occupancy D/ __M/ __Y/ __ to D/ __M/ __Y/ __** or if occupied throughout the year please provide the dates _____

I hereby certify that the above information is correct to the best of my knowledge and belief. Anyone who knowingly makes a false or misleading statement in an application is guilty of an offence and is liable on conviction to a fine of not more than \$5,000. **Please be advised that the information contained on this application is subject to verification.**

Mailing Address: _____
(Street or Highway Number) _____ Location _____ Province _____ Postal Code _____

Telephone: Residence _____ Work _____

Email Address: _____ Date: _____ **(SIGNATURE OF APPLICANT/ AGENT)**

Mail to SNB Regional Assessment Office **OR** Apply Online:

<https://www.pxw1.snb.ca/SNB9000/product.aspx?ProductID=A001P298&l=e>

PO Box 5001 Bathurst E2A 3Z9 PO Box 5001 Campbellton E3N 3H5 PO Box 5001 Edmundston E3V 3L3
 PO Box 5001 Miramichi E1V 3N3 PO Box 5001 Saint John E2L 4Y9 PO Box 5001 Moncton E1C 8R3
 PO Box 5001, Richibucto E4W 5R5 PO Box 5001 Woodstock E7M 5C6 PO Box 1998 Fredericton E3B 5G4
 PO Box 1040 Hampton E5N 8H1 101-73 Milltown Blvd., St. Stephen E3L 1G5

For more information call 1-888-762-8600

FOR OFFICE USE ONLY

Regional Administrator _____ Recommended Not Recommended