



**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) _____ Name of Previous Assessed Owner(s) _____

Date of Transfer to Current 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 the property _____

Previous address of Applicant(s) _____ Were you a TENANT OWNER

Date of Birth of Applicant(s) _____

Marital Status of Applicant Married Single Separated Divorced Widowed Common Law
 Name and current address of Spouse (if different from the applicant) _____

Do you 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:

- 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;** _____
- D) 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)

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 1A6 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
 73 Milltown Blvd., **St. Stephen** E3L 1G5 PO Box 1040 **Hampton** E5N 8H1

For more information call 1-888-762-8600

<u>FOR OFFICE USE ONLY</u>		
Regional Administrator _____	Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>