



TOWN OF DAYSLAND

POLICY NO: 2009-16

TITLE: MINIMUM TAX EXEMPTION POLICY

EFFECTIVE DATE: July 21, 2009

COUNCIL MOTION: 2009-07-09

MGA Reference: S. 347

POLICY STATEMENT: To provide tax relief to low income homeowners that may be financially burdened by the implementation of a minimum property tax.

Eligibility

Low income residential property owners can apply for a reduction and/or cancellation of the **minimum municipal property tax** on the attached form if all of the following conditions apply. In addition, under exceptional circumstances, council may consider cancelling any portion of the minimum tax at their discretion.

1. The applicant or spouse occupies and holds the legal title to the property.
2. The property taxes are not in arrears.
3. The utility accounts for the property are current.
4. The property owner is compliant with the Town of Daysland bylaws and development regulations.
5. The property owner and other household members are not involved in any criminal activity.
6. The residence described in the application is the only property owned by the applicant.
7. The gross taxable household income on line 150 of the applicant's tax return is:
 - \$0 - \$20,000 = 100% eligibility
 - \$20,001 - \$25,000 = 75% eligibility
 - \$25,001 - \$30,000 = 50% eligibility



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MUNICIPAL MINIMUM TAX EXEMPTION FORM

(To be received at the Town of Daysland by October 1st of each year)

Year: _____ Date: _____

Tax Roll No.: _____ Civic Address: _____

Applicant: _____ Tel: _____

Address: _____

Names of Household Members:

Taxable Income as per line 150 of Tax Return:

_____	\$ _____	Current Tax Return	Verified by: _____
_____	\$ _____	Current Tax Return	Verified by: _____
_____	\$ _____	Current Tax Return	Verified by: _____
TOTAL:		\$ _____	

TOTAL MINIMUM TAX LEVIED FOR TAX YEAR ABOVE: \$ _____

- \$0 - \$20,000 = 100% eligibility
- \$20,001 - \$25,000 = 75% eligibility
- \$25,001 - \$30,000 = 50% eligibility

AMOUNT OF MINIMUM TAX REQUESTED FOR CANCELLATION: \$ _____

I hereby apply for the municipal minimum tax exemption of \$ _____ for the above noted tax year and I confirm that the information given above is true and accurate.

Signature of Applicant/s

Signature of Applicant/s

The information provided on this form will be used only to determine eligibility for a tax exemption.