

AFFIDAVIT FOR EXEMPTION OF TAXES

ACCOUNT # _____

DISTRICT _____

TO OBTAIN THIS EXEMPTION, AN AFFIDAVIT SHOULD BE SIGNED BEFORE A COMMISSIONER, AND FORWARDED TO THIS OFFICE AT **PO BOX 179, PORT HOOD, N.S. BOE 2WO**. THE EXEMPTION FOR 20__ IS **\$50.00**

I, _____ OF _____
IN THE COUNTY OF INVERNESS MAKE OATH AS FOLLOWS;- THAT I AM THE OWNER OF THE PROPERTY ASSESSED IN MY NAME. I AM RESIDENT OF THE SAID MUNICIPAL UNIT (64). AND THAT MY INCOME FROM ALL SOURCES, DURING THE PRECEDING TWELVE MONTHS DID NOT EXCEED \$12,000.00

SWORN AT _____
IN THE COUNTY OF INVERNESS AND THE
PROVINCE OF NOVA SCOTIA

_____ DAY OF _____, 20__

COMMISSIONER OF THE SUPREME COURT

APPLICANTS SIGNATURE