

DOMINION OF CANADA
PROVINCE OF NEWFOUNDLAND
AND LABRADOR
LABRADOR CITY

TO WIT:

AFFIDAVIT OF APPLICANT (MEDICAL)

I, _____, of the Town of Labrador City, in the Province of Newfoundland and Labrador, MAKE OATH and SAY AS FOLLOWS:

1. That I am a resident of Labrador City with my principal place of residence at _____ in Labrador City;
2. That I have resided or will reside at this place of residence for a minimum of six (6) months plus one (1) day during this calendar year;
3. Attached to this, my Affidavit, is a copy of my Deed to the property upon which I have my principal place of residence;
4. I have been compelled to take early retirement from my employment with _____ for health reasons;
5. Attached to this, my Affidavit, is supporting documentation confirming that I have been placed on early retirement;
6. Attached to this, my Affidavit, is a copy of all appropriate Income Tax Assessments for _____ year (Assessment for year preceding year of rebate);
7. I hereby certify that the information contained in this, my Affidavit, is true and correct;
8. This Affidavit is given in support of an application for a Tax Rebate on Property Taxes paid with respect to my principal place of residence in Labrador City.

SWORN TO before me at Labrador City
in the Province of Newfoundland and
Labrador this _____ day of
_____, 20____.

Signature of Applicant