

# Education Property Tax Assistance For Seniors Program

Only one application per eligible household is required. When you have completed this application form, please refer to the checklist on the back.

## Section 1 - Personal Information

### Applicant

Mr.    Mrs.    Miss    Ms.    Other (Specify) \_\_\_\_\_
 
 Personal Health Number  
 | | | | | - | | | | |

Last Name	First Name	Middle Name

Date of Birth (please provide a copy of your birth certificate)

year	month	day	

### Marital/Cohabitation Status:

- Single (including widowed, separated or divorced)  
 Senior Couple (including married, common-law couples and adult interdependent relationships)

### Spouse/Partner (required - even if spouse/partner is not 65)

Mr.    Mrs.    Miss    Ms.    Other (Specify) \_\_\_\_\_
 
 Personal Health Number  
 | | | | | - | | | | |

Last Name	First Name	Middle Name

Date of Birth (please provide a copy of your birth certificate)

year	month	day	

## Section 2 - Address/Phone Number

Mailing Address \_\_\_\_\_ Province \_\_\_\_\_

City/Town \_\_\_\_\_ AB \_\_\_\_\_ Postal Code \_\_\_\_\_

area code | | | | | - | | | | |

## Property Tax Notice

**Please attach a photocopy of your property tax notice for the current year and previous calendar year.**



### Section 3 - Signature of Applicant/Spouse/Partner/Trustee

This application will not be processed if the authorization and declaration below has been changed or has not been signed by the applicant and spouse/partner.

I (we) declare that the information provided in this application is correct and complete. I (we) understand that incorrect reporting may result in receiving funds for which I am (we are) not eligible and I (we) may be required to repay the funds.

\_\_\_\_\_  
Signature of Applicant/Trustee      Date      Signature of Spouse/Partner/Trustee      Date

If the Trustee has signed above, the Trustee must also complete Section 4 below:

\_\_\_\_\_  
Signature of Witness      Date  
(only if Applicant/Spouse/Partner signed with an "X")

area code  
(      )

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Witness's phone number

### Section 4 - Trustee/Power of Attorney

(Please provide a copy of Trustee/Power of Attorney documents, if applicable.)

I agree to the declaration stated in Section 3.

\_\_\_\_\_  
Name of Trustee/Power of Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Date

### Section 5 - Personal Information Disclosure Statement

The personal information collected on this application form is being collected for the purpose of determining eligibility for the Education Property Tax Assistance for Seniors program. The information will not be disclosed to any other person or organization except as authorized by the *Freedom of Information and Protection of Privacy Act*.

Collection of this information is authorized by the *Seniors Benefit Act*, Section 6 and by the *Seniors Benefit Act* General Regulation, Section 2.

For further information on the collection, use, protection and disclosure of personal information, please contact the Freedom of Information and Protection of Privacy Coordinator at **1-800-642-3853**.

#### Checklist: (Please provide photocopies rather than original documents.)

- Copy of Birth Certificate for Applicant and Spouse/Partner enclosed
- Copy of tax notices enclosed
- Application signed

Please return this application to:

Education Property Tax Assistance for Seniors program

Alberta Seniors and Community Supports, PO Box 3100, Edmonton, Alberta T5J 4W3

**Questions? Please call us toll free at 1-800-642-3853 or in the Edmonton area, 427-7876.**

