

Water, Waste & Municipal Tax Affordability Programs

Application Form

Please complete this application form and submit the required supporting documentation. Instructions for completing and submitting the application can be found in Section E.

| Section A – Applicant Information | | | | | | | |
|--|---|-----------------|------------|--------------------------|-------------|--|--|
| Primary Applicant Information | (Use legal i | names and pleas | se print o | learl | y) | | |
| First Name | Middle Name | | Last Name | | | | |
| | | | | | | | |
| Address (PO Boxes will not be accepted) | | City | ity | | Postal Code | | |
| | | | | | | | |
| Email Address | | Home Phone | | Cell Phone | | | |
| | | | | | | | |
| Date of Birth (DD/MMM/YYY) | | | | | | | |
| , | | | | | | | |
| | | | | | | | |
| Secondary Applicant/Contact Person (If different from Primary Applicant) | | | | | | | |
| First Name | Middle Na | me | e Last Na | | ıme | | |
| | | | | | | | |
| Address | | City | ity | | Postal Code | | |
| Province | | Country | | | | | |
| FIOVILICE | | Country | | | | | |
| | | | | | | | |
| Email Address | | Home Phone | Iome Phone | | ell Phone | | |
| | | | | | | | |
| | | | | • • • | | | |
| Please indicate which of the fol (Check all that apply) | llowing pro | ogram(s) you ar | e appiy | ing to | or. | | |
| ☐ Water & Waste Rebate | ☐ High-Efficiency Water | | | ☐ Municipal Property Tax | | | |
| Programs | Retrofit Program | | | Deferral Program | | | |
| Complete Section B | Complete Sections B | | - | Complete Section D | | | |
| L | and C | <i>;</i> | | | | | |
| Section B - Water & Waste Reb | ate Progra | ams | | | | | |
| Are you a Water & Waste Accour | Water & Waste Account Number | | | Number | | | |
| ☐ Yes | (12-digit Account | | | | | | |
| ☐ No (If no, the household is not this program) | Number) Gee year monthly Oily of Negina Water | | | | | | |
| tilo program) | | & Waste Bill | | | | | |
| Section C - High-Efficiency Wa | ter Retrofi | t Program | | | | | |
| Do you own the property? ☐ Yes | | | | | | | |
| ☐ No (Please complete the Own | er Consen | t Form.) | | | | | |

Water, Waste & Municipal Tax Affordability Programs

| Section D – Municipal Property | Tay Deferral Program | |
|---------------------------------------|--------------------------------------|--------------------------------|
| What amount would you like to de | | |
| □ \$600 | iei: (Check One) | The program administrator |
| • | | will contact you with |
| □ \$1,200 □ | | additional information. |
| ☐ Municipal Tax Increase | | |
| | | |
| Property Tax Account Number: | (8-digit Account Number) | |
| | | |
| | | |
| Household Income Verification | | |
| How many people live in the hous | | |
| (The household includes all perso | ns, including children, who | |
| normally reside in the household) | | |
| What is the total household incom | | |
| or older? (Total income from line | 1500 of each Notice of | \$ |
| Assessment) | | |
| | | |
| Privacy | | |
| All personal information collected | on this form is handled and mainta | ained in accordance with |
| the City of Regina's Customer Private | vacy Policy which is available on o | ur website at Regina.ca. |
| Supporting documentation will | be destroyed as soon as the infe | ormation has been |
| | Any information retained for pro | |
| aggregated to protect your pers | - | |
| 135 13 mm p | | |
| | | |
| | | |
| | | |
| Agreement | | |
| | that I have read and understood th | e terms and conditions |
| | am applying. I agree to abide by the | |
| outlined. | an applying. Lagree to ablae by a | to torrilo aria corrattorio as |
| Primary Applicant | | Date: (dd-mmm-yyyy) |
| (Print Name) | Signature | Bate. (dd Illillii yyyy) |
| | Olgitature | |
| Secondary Applicant | | Date: (dd-mmm-yyyy) |
| (Print Name) | Signature | Date: (dd-Illillil-yyyy) |
| () | Signature | |
| | | |
| For Office Use Only | | |
| Date Received: (dd-mmm-yyyy) | Received by: | |
| Date Received. (dd-minii-yyyy) | Received by. | |
| | | |
| Applicant Eligibility Verification | | |
| ☐ Total Household Income | \$ | |
| | Ψ | |
| ☐ Confirmation of Disability | > CF | |
| □ Confirmation of Age | ≥ 65 | |

Water, Waste & Municipal Tax Affordability Programs

Section E - How to Fill Out Your Application

Please complete this application form and submit the required supporting documentation. Incomplete applications will be returned to you with instructions as to what is missing. Your application is important to us and will be processed in the order it is received. The average processing time is 2-3 weeks from the date received. Processing time may vary based on the volume of mail received. If you have questions or require additional information, please visit Regina.ca, call 306-510-3998, or email APRSprograms@regina.ca.

Applications may be submitted:

- In-person from 8:30 a.m. to 4:30 p.m. Monday to Friday at one of the following locations:
 - o Service Regina at City Hall, 2476 Victoria Avenue
 - o Northwest Leisure Centre, 1127 Arnason Street
 - Sportplex, 1717 Elphinstone Street
 - o Sandra Schmirler Leisure Centre, 3130 East Woodhams Drive
- Mailed to Assessment and Property Revenue Services (City Hall, 2476 Victoria Avenue, PO Box 1790, Regina, SK S4P 3C8)
- Emailed to APRSprograms@regina.ca

| Eligibility and Supporting Documentation | | | | |
|--|---|--|--|--|
| Program | Required Documentation | | | |
| All | Identification/Proof of age (See Requirement 1) | | | |
| | Proof of household income (See Requirement 2) | | | |
| | Proof of disability (if applicable) (See Requirement 3) | | | |
| High-Efficiency Water | Applicants who do not own their residence must also submit a | | | |
| Retrofit | Property Owner Consent Form (See Requirement 4) | | | |

Age/Disability

There is at least one senior citizen or person living with a disability living in the household.

- A senior citizen is a person age 65 or older or who will be 65 years or older in the year the application is submitted (or the year in which a tax deferral is received).
- A person is considered to be a person living with a disability if they have a significant and enduring disability that is permanent in nature and/or individuals assessed as having a temporary disability that impacts their capacity to attain full-time employment.

Requirement 1 - Identification/Proof of Age

One of the following is required for each Applicant:

- Valid (non-expired) government-issued identification showing the Applicant's legal name, birth date, and signature; **OR**
- Two pieces of other government-issued identification that together show the Applicant's legal name, address, date of birth, and signature.

A utility bill or a piece of mail from the government can be used to confirm the address.

Requirement 2 - Proof of Household Income

The following is required for each person 18 years of age or older living in the household:

Canada Revenue Agency Notice of Assessment (NOA) from the last year,

If the total income from line 15000 of all persons 18 years or older living in the household is less than the amounts listed below, you may be eligible for the Water and Municipal Tax

Water, Waste & Municipal Tax Affordability Programs

Affordability Programs. If you do not have a copy of your NOA, please obtain a copy by calling the Canada Revenue Agency at 1-800-959-8281 or visit www.cra.gc.ca/myaccount.

The low-income eligibility is based on the combined income for everyone in the household age 18 or older and is based on the Before-Tax Low Income Cut-Off established by Statistics Canada for Regina. The cut-off itself is calculated every year and depends on how many people are in the household, including those under the age of 18 (see table).

| Household size (No. of Persons including children) | 1 | 2 | 3 | 4 | 5 | 6 | 7+ |
|--|----------|----------|----------|----------|----------|----------|----------|
| 2022 Before-Tax Low-Income Cut-Off | \$25,303 | \$31,498 | \$38,498 | \$47,016 | \$53,323 | \$60,142 | \$66,958 |

Requirement 3 - Proof of Disability

If there is a person with a diagnosed disability in the household.

- One of the following is required:
 - A Disability Impact Assessment
 - Letter from a Doctor confirming disability
 - o CNIB card: OR
 - A statement of disability income from one of the following:
 - Saskatchewan Assured Income for Disability (SAID)
 - Canada Pension Plan (CPP) Disability
 - Workers' Compensation Board (WCB)
 - Motor Vehicle Accident Insurance
 - Private or Employer Disability Insurance; or
 - Disability programs offered by a professional association.

Requirement 4 - Property Owner Consent

If you rent your residence and are applying for the High-Efficiency Water Retrofit Program, you must also submit a completed Property Owner Consent Form. This form can be found at City Hall, major City leisure centres, or online at Regina.ca.