

**Schedule "E"**  
**APPLICATION FOR A SEWER AND WATER USER FEE SUBSIDY.**  
**APPLICATION FOR A SEWER AND WATER USER FEE SUBSIDY.**

I am the owner and occupier of \_\_\_\_\_  
 (Address)

I am 65 years of age (or over): my date of birth is \_\_\_\_\_ or I am designated as a person with disabilities, and receiving disability assistance, hardship assistance or a supplement, under the *BC Employment and Assistance for Persons with Disabilities Act* or is a person with disabilities, or am the spouse or relative with disabilities and the person with disabilities reside with the owner.

I live on the property and consider it to be my principal residence and the property does not contain a suite.  
 I do not own any other property as defined in the Assessment Act.

There are (including myself) \_\_\_\_\_ person(s) living at the above address. The following is my (our) 2019 income.  
 All income must be shown below, including Pensions, Interest, rent etc.  
 My total annual net income does not exceed \$25,923 or our household annual net income does not exceed \$32,275.  
 I have not applied for a sewer or water user fee subsidy on any other property during this calendar year.

**Source of Income**

		Amount
1. Owner	Old Age Pension	_____
	Canada Pension	_____
	Guaranteed Income Supplement	_____
	Other Income	_____
2. Spouse and all other occupants of the household	Old Age Pension	_____
	Canada Pension	_____
	Guaranteed Income Supplement	_____
	Other Income	_____
	<b>Total Net Income(Line 236)</b>	=====

**I have attached a copy of my (our) 2019 Canada Revenue Agency Notice of Assessment(s)**

I understand that I will be required to sign this form each year, as long as I remain eligible for this waiver. I agree to provide the collector with any documentation necessary to establish my eligibility for the waiver, including the 2019 Revenue Canada Notice of Assessment.

AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE, AND KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH AND BY VIRTUE OF THE 'CANADA EVIDENCE ACT'.

Print Name \_\_\_\_\_ Signature of Registered Owner \_\_\_\_\_

Phone Number \_\_\_\_\_ Dated at Port Coquitlam, BC this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

PLEASE COMPLETE AND RETURN BEFORE DUE DATE TO AVOID PENALTIES.

The personal information on this form is collected under the authority of the Municipalities Enabling and Validating Act and will be used for the purpose of determining eligibility for a waiver as per Bylaw No. 3935. If you have any questions about the use and collection of this information, contact the Tax Collector at 604-927-5426.