



THE CITY OF DAWSON

APPLICATION FOR PROPERTY TAX SENIOR HOMEOWNER GRANT

NAME: _____

MAILING ADDRESS: _____

PROPERTY ROLL NUMBER: _____ ZONING: _____

LEGAL DESCRIPTION: Lot(s) _____ Block: _____ Estate _____

BUSINESS USE: Office in Home: YES _____ NO _____

Bed & Breakfast YES _____ NO _____

CERTIFICATION:

1. I, _____, hereby certify that I am owner of the residence on the parcel of land described on this application, have resided on the described parcel of land for TWO HUNDRED AND SEVENTY (270) CONSECUTIVE DAYS in the preceding twelve (12) month period immediately prior to date of issue of Tax invoice, and that the information given in this application is true, correct and complete to the best of my knowledge and belief, AND

2. I or a co-owner will be **61** years of age or over on or before July 2nd of this year.

DATE: _____ SIGNATURE: _____