



2024 Seniors Property Tax Support Program Application Form

Family and Community Support Services (FCSS) Office
Street Address: 209 Second Ave. W Phone 403-851-2250
Mailing Address: 101 RancheHouse Rd. Cochrane AB, T4C 2K8

Name(s): _____
(all owners on title must be disclosed and apply on the same application form.)

Address: _____

Property Address (if different from above): _____

Phone Number: _____

Applicant's Birth Date(s): _____

Did you receive the Seniors Property Tax Support Program benefit in 2023?

Yes No

I(We), _____ solemnly swear that the information provided on this application form to be a true and accurate reflection of my home ownership and income.

Signature of Application

Date

Signature of Applicant

Date

What you need to do:	How this will affect your 2024 Property Tax Bill:
Complete this application, schedule your meeting with FCSS, and receive Town approval by June 28, 2024.	You will receive a \$500 credit towards your 2024 Property Taxes.
What happens if you don't meet the deadline?	After June 28, 2024, you will have to pay your taxes in full by June 30, 2024
You can still apply for the Seniors Property Tax Support Program.	If you are approved for the Seniors Property Tax Support Program, a \$500 cheque will be mailed to you after June 30, 2024. If you are on the TIP program your payment will automatically be adjusted.

**ADMINISTRATIVE USE ONLY:
(Please leave this section for Town of Cochrane staff to fill out.)**

FCSS Department:

- ✓ **Received copy of your 2023 Revenue Canada Income Tax Notice of Assessment – Line 150 total income minus line 210 deduction for elected split-pension amount, minus line 208 if result of surviving spouse**
- ✓ **Confirmed applicant lives in residence of property address**
- ✓ **Confirmed with applicant(s) that all name(s) on title are disclosed and are not registered on any other certificate of title(s)**
- ✓ **Seniors Information Package was provided**
- ✓ **Involuntary Separation documentation was provided (if applicable)**

FCSS Department Staff

Date Forwarded to Corporate Services

Corporate Services Department:

- ✓ **Confirmed Cochrane property owner**
- ✓ **Confirmed applicant owns no other property**
- ✓ **Confirmed all names on title are present on application**

Tax Administrator Initials

Date