# MANITOBA EDUCATION PROPERTY TAX CREDIT ADVANCE APPLICATION FOR THE YEAR 2009

Manitoba

**TO QUALIFY FOR THE MANITOBA EDUCATION PROPERTY TAX CREDIT ADVANCE, THE PROPERTY MUST BE YOUR PRINCIPAL RESIDENCE AND YOU MUST HAVE OCCUPIED IT AS OF JANUARY 1, 2009, AND YOU MUST NOT BE RECEIVING THE CREDIT FOR ANOTHER RESIDENCE. THIS CREDIT MUST BE REPORTED ON YOUR 2009 INCOME TAX RETURN WHEN CLAIMING THE EDUCATION PROPERTY TAX CREDIT. THIS APPLICATION MUST BE FILED ON OR BEFORE NOVEMBER 15th, 2009.**

**MUNICIPALITY:** _____ **NUMBER:** _____
**(E.G.: City of Winnipeg or Rural Municipality)**

| **NAME OF APPLICANT :** Last First Middle | ***SOCIAL INSURANCE NUMBER :** |
|---|---|
| **MARITAL STATUS :** ☐ **Married** ☐ **Divorced** ☐ **Living Common Law** ☐ **Separated** ☐**Widowed** ☐**Single** | |
| **INFORMATION ABOUT YOUR SPOUSE OR COMMON-LAW PARTNER :** Last First Middle | ***SOCIAL INSURANCE NUMBER :** |
| **MAILING ADDRESS:** **POSTAL CODE:** | **HOME PHONE:** **BUSINESS PHONE:** |

**I declare that, as of January 1, 2009, I was and now am a bona fide resident homeowner of a single family dwelling unit which is my principal residence and which is listed as the only residence on the current tax roll as follows:**

**OCCUPANCY DATE OF HOME:** _____
**DAY** **MONTH** **YEAR**

**ROLL NUMBER:** _____ **TITLE NUMBER:** _____

**Street Address or:** _____
**Legal Description** **(E.G. : Lot, Block, Plan or Section, Township, Range)**

**TOTAL CURRENT TAXES FOR RESIDENCE FOR 2009** **$** _____

**MINIMUM PROPERTY TAX THRESHOLD** **- $250.00**

**MANITOBA EDUCATION PROPERTY TAX CREDIT APPLIED FOR (Maximum $650.00)** **$** _____

**I currently receive the Education Property Tax Credit for another property.**
**Yes ☐ No ☐**

**I hereby make application for the Manitoba Education Property Tax Credit Advance in accordance with the regulations to the Income Tax Act (Manitoba). This advance is to be credited to the taxes levied for the current year against the above-described property.**

**CERTIFICATION: I hereby certify that the information given in this application is true, correct and complete to the best of my knowledge.**

**For office use only**
**MUNICIPAL OFFICIAL'S COMMENTS:**

_____

_____

_____

**FORM REVIEWED BY MUNICIPAL OFFICIAL** ☐

**SIGNATURE OF APPLICANT:** _____

**APPLICATION DATE:** _____
**DD MM YY**

**For Manitoba Tax Assistance Office use only**
**CHECKED AND APPROVED** ☐

**EPTCA ☐** **MAVAS ☐**

***This personal information is being collected under the authority of the Manitoba Income Tax Act and will be used to determine eligibility for the municipal tax reduction. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, contact the Manager of Information Services for the Manitoba Tax Assistance Office at the number listed below.**

**MAIL TO: Department of Finance**
**Manitoba Tax Assistance Office**
**809-386 Broadway**
**Winnipeg MB R3C 3R6**

**PHONE: 1-204-948-2115**
**1-800-782-0771**

**FAX: 1-204-948-2263**