# MUNICIPALITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# HOMEOWNERS AFFORDABILITY TAX CREDIT (HATC)

**PRINCIPAL RESIDENCE SELF-DECLARATION FORM**

The Homeowners Affordability Tax Credit (HATC) is a provincial tax credit for homeowners to offset their school tax payable in Manitoba. The HATC can **only** be claimed on a homeowner’s **principal residence**.

A principal residence is a single residential dwelling unit in Manitoba that is owned by an individual or their spouse or common-law partner and that is the primary residence of the individual or the individual's cohabiting spouse or common-law partner.

An individual (and their spouse or common-law partner) cannot have more than one principal residence.

Section 1 – Owner and Property Information - please complete the following:

|  |  |  |
| --- | --- | --- |
| ROLL NUMBER | PRINCIPAL RESIDENCE ADDRESS (STREET, LOT/BLOCK/PLAN OR OTHER LEGAL ADDRESS, MUNI OR TOWN/CITY, POSTAL CODE) | |
| MAILING ADDRESS (IF DIFFERENT THAN PRINCIPAL RESIDENCE ADDRESS) | | |
| OWNER NAME (SURNAME, FIRST NAME): | | TELEPHONE NUMBER: |
| SECOND OWNER OR SPOUSE OR COMMON-LAW PARTNER NAME, IF APPLICABLE (SURNAME, FIRST NAME): | | TELEPHONE NUMBER: |

Section 2 – Declaration

To confirm eligibility for the Homeowners Affordability Tax Credit Advance, please answer the following questions:



Is the above noted property yours or your spouse or common-law partner’s principal residence?

Yes

No



Do you or your spouse or common-law partner own another property in Manitoba?

Yes

No



**If “Yes” to the question above,** to your knowledge are you or your spouse or common-law partner receiving the Homeowners Affordability Tax Credit Advance on another property in this municipality or any other municipality in Manitoba?

Yes

No

*If yes, address of other property*

## To complete the application, property owner must sign here:

SECOND SIGNATURE (IF REQUIRED)

DD

YYYY MM

DATE

APPLICANT’S SIGNATURE

\]

PLEASE RETURN COMPLETED FORM TO:

Municipality Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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