

Water, Waste & Municipal Tax Affordability Programs

Application Form

Please complete this application form and submit the required supporting documentation. Instructions for completing and submitting the application can be found in Section E.

| Section A - Applicant Informati | on | | | | | |
|--|--|-----------------|---|--------------------|-----------------------|--|
| Primary Applicant Information (| | names and pleas | se print c | learl | y) | |
| First Name | Middle Name | | Last Name | | · | |
| | | | | | | |
| Address (PO Boxes will not be accepted) | | City | Dity | | Postal Code | |
| | | | | | | |
| Email Address | | Home Phone | | Cell Phone | | |
| | | | | | | |
| Date of Birth (DD/MMM/YYY) | | | | | | |
| , | | | | | | |
| | | | | | | |
| Secondary Applicant/Contact P | | | | | | |
| First Name Middle Na | | me | ne Last Nar | | ie | |
| Addross | | City | 200 | | Postal Code | |
| Address | | City | лцу | | Postal Code | |
| Province | | Country | | | | |
| | | | | | | |
| Email Address | | Home Phone C | | Cel | ell Phone | |
| | | | | | | |
| | | | | | | |
| Please indicate which of the fol | lowing pro | ogram(s) you ar | e applyi | ing f | or. | |
| (Check all that apply) ☐ Water & Waste Rebate | | | | A | single Duamants (Tax) | |
| Programs | ☐ High-Efficiency Water | | ☐ Municipal Property TaxDeferral Program | | | |
| • | Retrofit Program Complete Sections B | | | Complete Section | | |
| Complete Section B | and C | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Complete Section L | | |
| | | | | | | |
| Section B – Water & Waste Reb | | | | | | |
| Are you a Water & Waste Accoun ☐ Yes | Water & Waste Account Number | | | | | |
| ☐ No (If no, the household is not | (12-digit Account | | | | | |
| this program) | Number) See your monthly City of Regina Water & Waste Bill | | | | | |
| | | | | | | |
| Section C – High-Efficiency Wa | ter Retrofi | t Program | | | | |
| Do you own the property? ☐ Yes | | | | | | |
| ☐ No (Please complete the Own | er Consen | t Form.) | | | | |

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| Section D - Municipal Property Tay Defe | rral Dragram | |
|--|--|---|
| Section D – Municipal Property Tax Defe What amount would you like to defer? (Che | | |
| , | ck One) | The program administrator |
| □ \$600 □ \$1,000 | | will contact you with |
| □ \$1,200 | | additional information. |
| ☐ Municipal Tax Increase | | |
| | | |
| Property Tax Account Number: | (8-digit Account Number) | |
| | | |
| Household Income Verification | | |
| How many people live in the household? | | |
| (The household includes all persons, includ | lina children. who | |
| normally reside in the household) | g c | |
| What is the total household income of all pe | ersons, aged 18 | |
| years or older? (Total income from line 150 | • • | \$ |
| Assessment) | | |
| | | |
| Privacy | | |
| All personal information collected on this for | | |
| the City of Regina's Customer Privacy Polic | cy which is available on c | ur website at Regina.ca. |
| Supporting documentation will be destro | oyed as soon as the inf | ormation has been |
| verified for program eligibility. Any infor | mation retained for pro | gram evaluation will be |
| | | 9 |
| aggregated to protect your personal info | rmation. | |
| aggregated to protect your personal info | ormation. | |
| aggregated to protect your personal info | ormation. | • |
| aggregated to protect your personal info | ormation. | 3 |
| | ormation. | |
| Agreement | | |
| Agreement I, the undersigned, hereby certify that I have | e read and understood th | e terms and conditions |
| Agreement I, the undersigned, hereby certify that I have listed for the programs for which I am apply | e read and understood th | e terms and conditions |
| Agreement I, the undersigned, hereby certify that I have listed for the programs for which I am apply outlined. | e read and understood th | ne terms and conditions as |
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| Agreement I, the undersigned, hereby certify that I have listed for the programs for which I am apply outlined. Primary Applicant (Print Name) Secondary Applicant (Print Name) For Office Use Only | e read and understood thing. I agree to abide by the Signature | ne terms and conditions ne terms and conditions as Date: (dd-mmm-yyyy) |
| Agreement I, the undersigned, hereby certify that I have listed for the programs for which I am apply outlined. Primary Applicant (Print Name) Secondary Applicant (Print Name) | e read and understood the ing. I agree to abide by the Signature | ne terms and conditions ne terms and conditions as Date: (dd-mmm-yyyy) |
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Section E - How to Fill Out Your Application

Please complete this application form and submit the required supporting documentation. Incomplete applications will be returned to you with instructions as to what is missing. Your application is important to us and will be processed in the order it is received. The average processing time is 2-3 weeks from the date received. Processing time may vary based on the volume of mail received. If you have questions or require additional information, please visit Regina.ca, call 306-510-3998, or email APRSprograms@regina.ca.

Applications may be submitted:

- In-person from 8:30 a.m. to 4:30 p.m. Monday to Friday at one of the following locations:
 - o Service Regina at City Hall, 2476 Victoria Avenue
 - o Northwest Leisure Centre, 1127 Arnason Street
 - Sportplex, 1717 Elphinstone Street
 - o Sandra Schmirler Leisure Centre, 3130 East Woodhams Drive
- Mailed to Assessment and Property Revenue Services (City Hall, 2476 Victoria Avenue, PO Box 1790, Regina, SK S4P 3C8)
- Emailed to APRSprograms@regina.ca

| Eligibility and Supporting Documentation | | | | |
|--|--|--|--|--|
| Program | Required Documentation | | | |
| All | Identification/Proof of age (See Requirement 1) | | | |
| | Proof of household income (See Requirement 2) | | | |
| | Proof of disability (if applicable) (See Requirement 3) | | | |
| High-Efficiency Water | Applicants who do not own their residence must also submit a | | | |
| Retrofit | Property Owner Consent Form (See Requirement 4) | | | |

Age/Disability

There is at least one senior citizen or person living with a disability living in the household.

- A senior citizen is a person age 65 or older or who will be 65 years or older in the year the application is submitted (or the year in which a tax deferral is received).
- A person is considered to be a person living with a disability if they have a significant and enduring disability that is permanent in nature and/or individuals assessed as having a temporary disability that impacts their capacity to attain full-time employment.

Requirement 1 - Identification/Proof of Age

One of the following is required for each Applicant:

- Valid (non-expired) government-issued identification showing the Applicant's legal name, birth date, and signature; **OR**
- Two pieces of other government-issued identification that together show the Applicant's legal name, address, date of birth, and signature.

A utility bill or a piece of mail from the government can be used to confirm the address.

Requirement 2 - Proof of Household Income

The following is required for each person 18 years of age or older living in the household:

Canada Revenue Agency Notice of Assessment (NOA) from the last year,

If the total income from line 15000 of all persons 18 years or older living in the household is less than the amounts listed below, you may be eligible for the Water and Municipal Tax

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Affordability Programs. If you do not have a copy of your NOA, please obtain a copy by calling the Canada Revenue Agency at 1-800-959-8281 or visit www.cra.gc.ca/myaccount.

The low-income eligibility is based on the combined income for everyone in the household age 18 or older and is based on the Before-Tax Low Income Cut-Off established by Statistics Canada for Regina. The cut-off itself is calculated every year and depends on how many people are in the household, including those under the age of 18 (see table).

| Household size (No. of Persons including children) | 1 | 2 | 3 | 4 | 5 | 6 | 7+ |
|---|----------|----------|----------|----------|----------|----------|----------|
| 2023 Before- Tax Low-Income Cut-Off | \$26,290 | \$32,727 | \$40,234 | \$48,851 | \$55,404 | \$62,488 | \$69,571 |

Requirement 3 - Proof of Disability

If there is a person with a diagnosed disability in the household.

- One of the following is required:
 - A Disability Impact Assessment
 - Letter from a Doctor confirming disability
 - o CNIB card: OR
 - A statement of disability income from one of the following:
 - Saskatchewan Assured Income for Disability (SAID)
 - Canada Pension Plan (CPP) Disability
 - Workers' Compensation Board (WCB)
 - Motor Vehicle Accident Insurance
 - Private or Employer Disability Insurance; or
 - Disability programs offered by a professional association.

Requirement 4 - Property Owner Consent

If you rent your residence and are applying for the High-Efficiency Water Retrofit Program, you must also submit a completed Property Owner Consent Form. This form can be found at City Hall, major City leisure centres, or online at Regina.ca.