

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:

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|---|---|-------------------|--|
| 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:

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|---|
| Is the above noted property yours or your spouse or common-law partner's principal residence? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| Do you or your spouse or common-law partner own another property in Manitoba? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, address of other property</i> _____ |
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To complete the application, property owner must sign here:

| | | | | |
|--------------------------------|------|------|----|----|
| APPLICANT'S SIGNATURE | DATE | YYYY | MM | DD |
| SECOND SIGNATURE (IF REQUIRED) | | | | |

PLEASE RETURN COMPLETED FORM TO:

Municipality Email: _____

Municipality Address: _____

