

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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or your spouse or common-law partner own another property in Manitoba?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, address of other property _____	

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: \_\_\_\_\_

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