

PROPERTY TAX

SPECIAL DISCRETIONARY RELIEF APPLICATION

NAME OF OWNER: _____

PERSON IN POSSESSION: _____

PROPERTY ADDRESS: _____

Tel No: _____ E-mail _____

VALUATION NUMBER: _____ PARISH: _____

UNIMPROVED VALUE OF LAND: J\$ _____

PROPERTY TAX OBLIGATION 2013 - 2014: J\$ _____

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STATUS OF OWNER:

Age: _____ Occupation: _____

Pensioner Elderly: Widow (er) Physically challenged Other : _____

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USE OF LAND:

Residential Agricultural Commercial Other

(Properties which are not residential will be considered only under extremely exceptional circumstances)

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Financial Data on Applicant:

Sources of Income: Amount - \$ Weekly/Monthly

Pension
Salary/Wages
Other

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SUPPORTING DOCUMENTS/INFORMATION PROVIDED (please list below):

1. _____ 2. _____
3. _____ 4. _____

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Name of Applicant: _____

Address of Applicant: _____

Telephone # _____

I declare that the information submitted in this document is true to the best of my knowledge, information and belief.

Signature: _____

N. B. Completed forms are to submitted to your Local Authority or the tax office in your parish.

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For Official Use Only:

Recommendation:

Chairman, Parish Review Committee

Date

Conditions

- I. *A valid form of identification is required upon submission of the application. This may include: passport, driver's licence or national I.D.*

- II. *To benefit from the Discretionary Relief the applicant should have paid at least 25% or a (1/4) quarter of the current tax obligation.*

- III. *Discretionary Relief can only be sought for the current obligation on the property.*

- IV. *There should be no arrears or outstanding obligation on the property for which relief is being sought.*

- V. *Only the applicant to whom the premises belong is eligible for relief.*

- VI. *The applicant should be aware that he/she may be called upon to attend an interview with the Committee.*

- VII. *Please allow for 4-6 weeks for investigation and processing of the application.*

N. B. Completed forms are to be submitted to your local authority/parish council or the tax office in your parish.

FOR OFFICIAL USE ONLY:			
File reference # :	_____		
Relief Granted	Yes ____	No ____	Tax Payable: J\$ _____
Owner Notified	Yes ____	No ____	Date: _____
Collector of Taxes Notified:	Yes ____	No ____	Date: _____

Contact: Ministry of Local Government and Community Development
Email: communications@mlge.gov.jm, Tel: 754-0992-9
Or KSAC, Portmore Municipal Council or your Parish Council
1-888-TAX-HELP (local), 1-888-GO-JA-TAX (USA)