

# 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 2016 - 2017: J\$ \_\_\_\_\_

PROPERTY TAX OBLIGATION 2017 - 2018: 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:

<u>Sources of Income:</u>	<u>Amount - \$</u>	<u>Weekly/Monthly</u>
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, Discretionary Relief 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.***

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<b>FOR OFFICIAL USE ONLY:</b>			
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](mailto:communications@mlge.gov.jm), Tel: 754-0992-9  
Or KSAMC, Portmore Municipal Council or your Municipal Corporation