



## PROPERTY TAX PREPAYMENT PLAN (PAP) APPLICATION INSTRUCTIONS

### How the Program Works:

The Property Tax Prepayment Plan divides your annual property tax bill into eleven monthly installments (July to May) and will be withdrawn directly from your bank account on the 10<sup>th</sup> day of the month. Please note: the property owner is still responsible for the balance due after the 11 payment installments and will be subject to a **10% late payment penalty** if not received on or before the property tax due date.

### To Enroll in the Program:

Simply complete the application form, enclose a personal cheque marked VOID or a Pre-Authorized Payment (PAP) form from your financial institution and mail or drop off the application at City Hall or scan and email the application and supporting documents to [finance@rossland.ca](mailto:finance@rossland.ca). The application form is also available at [www.rossland.ca/](http://www.rossland.ca/)

### To Cancel or Make Changes the Program:

You may start, modify or cancel the plan at any time by notifying the property tax department in writing, by the 1<sup>st</sup> day of the month in which the payment is due to be withdrawn from your bank account. If you are changing your banking information, please ensure a VOID cheque or PAP form is attached with the new banking information.

Fill out the Cancellation and Changes portion of the Application Form and submit to City Hall. If you have any questions, please contact City Hall at (250) 362-7396.

### Please submit your Property Tax Prepayment Plan (PAP) Application Form to:

The City of Rosland  
1899 Columbia Avenue  
P.O. Box 1179  
Rosland BC V0G 1Y0  
[finance@rossland.ca](mailto:finance@rossland.ca)

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### Terms and Conditions:

**Eligibility:** All current year's taxes must be paid by the due date of the current year. If your property taxes are paid by your mortgage company, this prepayment plan will not apply to you.

**Minimum Monthly Payment:** The minimum monthly payment amount is \$20.00.

**Year-to-Year:** You will receive a PAP renewal notice informing you of the revised payment amount for the following year in early July. Please notify City Hall if any changes are required.

**Credit Balances:** If at the end of 11 months your account has a credit balance, the credit balance will be refunded or applied to your next year's prepayment plan at YOUR WRITTEN REQUEST.

**NSF Fees:** All returned payments from the bank will be charged a \$20 fee. If we receive two Non-Sufficient Funds (NSF) payments, your prepayment plan will be cancelled.

**Home Owner Grant:** The Home Owner Grant must be claimed prior to the tax due date. Claim it online at [www.rossland.ca](http://www.rossland.ca) or submit the Home Owner Grant Form at City Hall.

Phone 250 362 7396 Fax 250 362 5451

Email [cityhall@rossland.ca](mailto:cityhall@rossland.ca) Web [rossland.ca](http://rossland.ca)

1899 Columbia Avenue, PO Box 1179, Rosland, BC V0G 1Y0, Canada



**PROPERTY TAX PREPAYMENT PLAN (PAP) APPLICATION FORM**

<b>Folio Number:</b> 229.	<b>Authorized Payment Amount:</b> \$ _____	<b>Payment Start Date:</b> 10 <sup>th</sup> day of _____, 20____
<b>Property Owner Name:</b>		<b>Additional Property Owner Name(s):</b>
<b>Property Address:</b>		
<b>Mailing Address:</b>		
<b>Telephone:</b>	<b>Email:</b>	
<b>HOME OWNER GRANT ELIGIBILITY</b> ( <input checked="" type="checkbox"/> Check one)		
Not Eligible	<input type="checkbox"/>	<b>Date of Birth:</b> _____ (dd/mm/yy)
Eligible & Under 65	<input type="checkbox"/>	
Eligible & 65 or Over	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
<b>BANKING INFORMATION</b> ( <input checked="" type="checkbox"/> Check one)		
<input type="checkbox"/> Void Cheque Attached <input type="checkbox"/> Financial Institution Pre-Authorized Payment (PAP) Form Attached		

**AUTHORIZATION:**

I/We hereby authorize the City of Rossland to withdraw eleven (11) equal payments in the amount indicated above to be withdrawn from my/our account beginning on the 10<sup>th</sup> of day of \_\_\_\_\_, 20\_\_\_\_. I/We will submit the balance owing prior to the property tax due date. This authorization may be cancelled at any time upon written notice by the undersigned.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>CANCELLATION AND CHANGES</b> ( <input checked="" type="checkbox"/> Check one)
<input type="checkbox"/> I wish to cancel my Property Tax Prepayment Plan and understand by doing so I am responsible for paying the balance owing my property taxes on or prior to the deadline. <input type="checkbox"/> I wish to change the authorized payment amount to \$_____ to commence on the 10 <sup>th</sup> day of _____, 20____. <input type="checkbox"/> I wish to change my banking information and have attached a void cheque or a Pre-Authorized Payment (PAP) Form from my financial institution.

**AUTHORIZATION TO CANCEL OR CHANGE INFORMATION:**

I/We hereby authorize the City of Rossland to make the changes as indicated above.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_