INCOME YEAR

COMMONWEALTH OF DOMINICA
INLAND REVENUE DIVISION

APPLICATION FOR PROJECTED MORTGAGE INTEREST ON OWNER-OCCUPIED RESIDENTIAL PROPERTY

Please print. All questions must be answered

Applicant | Date of Birth | Social Security Number

Location of Property | Phone - Home | Phone - Mobile | Phone - Work

Home Address | Name of Spouse (where applicable)

Name of Employer (Ministry or Division)

Please tick and complete as approriate

	Yes	No
1. Is the Certificate of Title for the property you are claiming registered in your name?	○	○
2. Do you currently reside in the property for which you are requesting the relief?	○	○
3. Is any part of your residential property being rented/to be rented? If yes answer question 4	○	○

4. Annual Rental Income Information

EC$ Gross Income | EC$ Expenses | EC$ Net Income | **OR** Date first rented/to be rented

	Yes	No
5. Are you in receipt of income from another source (besides employment and rental income)? If yes answer question 6	○	○

6. Source of income and the gross amount

Source | EC$ Amount

Source | EC$ Amount

7. Is this the only parcel of land of which you own? If no answer question 8	○	○

8. Location of the other property and structure(s) erected

Location | Structure Erected? ○ ○

9. Are you the **only person** claiming a deduction in respect of this property? If no answer question 10	○	○

10. Indicate the name of the **other person**, their relationship to you and the percentage **OR** amount of interest claimed

Name | Relationship | Per cent | EC$ Amount

Name | Relationship | Per cent | EC$ Amount

11. Enter the interest you wish to claim here EC$

Documents attached to this application (please tick)

(i) Copy of Certificate of Title **(for new applications only)** ☐
(ii) Most recent Salary Statement ☐
(iii) Statement of projected Mortgage Interest ☐

CERTIFICATE OF DISCLOSURE

I hereby certify that the information given on this application form, together with the documents attached, is **true**, **correct** and **complete** in every respect. I understand that I may be liable to a penalty for any false information given **in addition to the resulting implications** on my income tax liability.

Name | Signature | Day Month Year

FOR OFFICIAL USE ONLY

Document Number | Taxpayer Number | Spouse's Taxpayer Number | Officer Number

Start Date | End Date | EC$ Amount | Enter Date