



**APPLICATION FOR DEFERRAL OF TAXES FOR LOW
INCOME SENIORS AND LOW INCOME PERSONS
WITH DISABILITIES**

1.	Name:	
2.	Mailing Address:	
3.	City:	Postal Code:
4.	Telephone No.	
5.	Property Location:	
6.	Date of Birth: _____ (MM/DD/YY) (Provincial Senior Citizens Card required as proof)	
7.	Name of Spouse:	
8.	Date of Birth: _____ (MM/DD/YY) (Provincial Senior Citizens Card required as proof)	

LOW INCOME SENIOR

(Must be 65 years of age or older and in receipt of the Federal Guaranteed Income Supplement (GIS) or the Ontario Ministry of Community & Social Services Guaranteed Annual Income System (GAINS))

DISABLED LOW INCOME PERSON

(Must be eligible for Disability Pension under the Family Benefits Act (FBA) or the Ontario Disability Support Program (ODSP) or be in receipt of benefits under GAINS for the disabled and be eligible to claim a disability as defined under the Income Tax Act).

- > I understand that the deferred taxes will form a priority lien on the property and must be paid in full upon any registered change in title.
- > I am the owner of the property and this property is my personal residence.

Owner's Signature: _____	Spouse's Signature: (co-owner) _____
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This application must be received annually in the Office of the City Tax Collector no later than August 31st of the current tax year.

FOR OFFICE USE ONLY:	
Date:	
Property Location:	
Roll Number:	0402
Account Number:	
CALCULATION OF TAX INCREASE: (A deferral for an amount less than \$100.00 will not be eligible) Amount = 2008 Taxes (property) - 2007 Taxes (property) \$ _____ x _____ - _____	

City Taxes Deferred:	
Public School Taxes Deferred:	
Separate School Taxes Deferred:	
TOTAL TAXES DEFERRED:	

Added to Tax Certificate:	
School Board Advised:	

City Tax Collector or Designate

Date