

**APPLICATION FORM FOR DEFERRAL OF TAX INCREASE**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Owner

Spouse of Owner

Personal Residence

Low-income Senior: A person who is 65 years of age or older and in receipt of payments under the Guaranteed Income Supplement (GIS), as established under Part II of the Old Age Security Act (Canada). Documentation to be provided.

Low-income Person with Disabilities: A person who is in receipt of assistance paid under the Ontario Disability Support Program (ODSP) Act, 1997. Documentation to be provided.

\_\_\_\_\_

I, \_\_\_\_\_, authorize the \_\_\_\_\_ to collect  
Name of Applicant Lower-Tier Municipality

personal information for the purpose of assessing my eligibility for deferral of property tax increase. I further

authorize the release of this information to the \_\_\_\_\_ by the person(s) or  
Lower-Tier Municipality

organization(s) who possess it.

I certify that the statements made by me in this application are true and complete to the best of my knowledge. I understand that if any of these statements are found to be untrue, this application may be rejected.

\_\_\_\_\_

Date Signed

\_\_\_\_\_

**For Office Use Only:**

Roll Number: \_\_\_\_\_ Amount Deferred: \_\_\_\_\_

Documentation Provided: \_\_\_\_\_

Date: \_\_\_\_\_ Approved: \_\_\_\_\_