

CORPORATION OF THE TOWNSHIP OF O'CONNOR

**APPLICATION FOR TAX RELIEF
FOR LOW-INCOME SENIORS
AND LOW-INCOME DISABLED PERSONS**

NAME OF APPLICANT: _____

NAME OF SPOUSE: _____

P.O. BOX #: _____

STREET ADDRESS: _____

OWNER'S DATE OF BIRTH: _____

OWNER'S S.I.N.: _____

SPOUSE'S DATE OF BIRTH: _____

SPOUSE'S S.I.N.: _____

HOME TELEPHONE NUMBER: _____

LOT NUMBER: _____ CONCESSION: _____

Are you over 65 years of age?..... Yes No

Is your spouse over 65 years of age?..... Yes No

Do you receive a guaranteed income supplement (G.I.S.)..... Yes No
(Applicant must provide proof with application)

Do you receive disability benefits – Ontario Disability Support Program or Family Benefits Disability?..... Yes No
(Applicant must provide proof with application)

Is the property a seasonal cottage? Yes No

Is the property your permanent residence? Yes No

Have you owned the property for more than one year? Yes No
(if now, date of acquisition of property)

Are you the owner of any other property within or outside the Township of O'Connor? Yes No
(if yes, applicant must provide a list of all other properties owned or co-owned with application)

Are there any joint or co-owners of this property?..... Yes No

Do you presently have a mortgage or lien or charge Against the above said property? Yes No
(if yes, applicant must provide a certificate of approval from the mortgage or person holding charge or lien)

A cancellation shall be granted for assessment related tax increases only where the balance of the property tax, the uncanceled portion, is paid in full.

STATEMENT (Must be signed by applicant)

I hereby certify that the above information is correct, and I authorize the Township of O'Connor to verify any information provided in respect of this application.

Signature of Applicant

Date

For Office Use Only:

Roll Number: _____

Ownership Verified By: _____

Receipt of Benefits Verified By: _____

Eligible Amount: _____

Credit on Account Recorded By: _____