



APPLICATION FOR SENIOR CITIZEN/LOW INCOME PROPERTY TAX REDUCTION

OFFICE USE ONLY	
Roll #:	_____
Discount Amount:	_____
Staff Initial:	_____

APPLICANT CONTACT INFORMATION

Name:		
Mailing Address:		Postal Code:
Phone:	Cell:	Home:
Email:		

TO QUALIFY FOR THE SENIOR CITIZEN'S 20% PROPERTY TAX REDUCTION, I CERTIFY THAT:

I am assessed owner (joint owner) of the above described property	<input type="checkbox"/> Yes <input type="checkbox"/> No
I occupy the property as my principal year-round residence	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently in receipt of the Guaranteed Income Supplement Provided under the Old Age Security Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am attaching an entitlement letter indicating approval of the Guaranteed Income Supplement from Serviced Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No

TO QUALIFY FOR THE LOW-INCOME REDUCTION, I CERTIFY THAT:

I am assessed owner (joint owner) of the above described property	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a combined family income of less than \$30,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
I occupy the property as my principal year-round residence	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am attaching my Notice of Assessment from Revenue Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Applicant

Date