



**LOW INCOME SENIORS AND /OR DISABLED TAX DEFERRAL APPLICATION**

Deferral Amount: The amount that qualifies for a tax deferral is limited ONLY to the *assessment related* tax increase shown on **Schedule 2 of the 2011 Final Tax Notice** of the principal residence of the applicant or spouse of the applicant. The Eligible deferral amount is that part of the assessment-related tax increase that is in excess of the first 5% of the assessment-related increase or one hundred dollars (\$100.00), whichever is greater.

Seniors: For the purpose of this application, a Low Income Senior is defined as a person who is 65 years of age or older, and who is eligible to receive payment under the Guaranteed Income Supplement, or the Guaranteed Annual Income System (GAINS). The applicant or spouse of the applicant must have owned the subject property for at least one year before the date of the application.

Disabled: For the purposes of this application, a Low Income Disabled person is a person who is eligible to receive payment under the Ontario Disability Support Program Act (ODSP), or the Guaranteed Annual Income System (Gains). The applicant or spouse of the applicant must have owned the subject property for at least one year before the date of the application.

***Please note: Deferred amounts represent a lien against the property, under provisions established under Section 319 of the Municipal Act, and must be repaid when the property is sold or a change in ownership occurs.***

Please complete the following information:

Statement of Income: (Gross income as reported on income tax form for the previous year)

Applicant's Gross Income: \_\_\_\_\_

Spouse's Gross Income: \_\_\_\_\_

Number of Dependants: \_\_\_\_\_

Statement of Assets: (Value of all other assets)

Real Estate Holdings:

\_\_\_\_\_  
(Applicant/Spouse)

Other Assets:

\_\_\_\_\_  
(i.e.: cottage, property holdings)

Property Information:

Roll Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

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

Telephone No. \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

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

**I certify, to the best of my knowledge, that the information provided on this application is correct. If any benefits received from this application were accepted under false pretenses, the total amount shall be revoked and recovered by whatever means deemed necessary by the City of Pickering. I also acknowledge that the deferral amount represents a lien against the property listed above, and must be repaid when this property is sold or changes ownership. I hereby authorize the City of Pickering to take any means required to verify all the information provided in this application.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

Applicant Name (please print)

Applicant Signature

**Please attach a photocopy of your complete Income Tax Return and a photocopy of your Ontario Tax Credits that were claimed, along with photocopies of the payment stubs from the GAINS or ODSP cheques, and return to:**

**The City of Pickering  
Corporate Services Department  
Finance and Taxation Section  
One The Esplanade  
Pickering ON L1V 6K7**

Personal information collected on this form is collected under the authority of subsection 319(1) of the *Municipal Act*. Questions regarding the collection of personal information should be directed to the Tax Department at 905.420.4614 or by email at [propertytaxes@cityofpickering.com](mailto:propertytaxes@cityofpickering.com).

Office Use Only

Roll Number	
2010 Annualized Taxes	
2011 Taxes (copy of Schedule 2)	
Assessment Related Increase	
Less (Greater of 5% or \$100.00)	
Amount eligible for Deferral	