



LOW INCOME SENIORS AND /OR DISABLED TAX DEFERRAL APPLICATION

Eligibility Criteria:

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 2006 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)

Applicants Gross Income: _____

Spouse's Gross Income: _____

Number of Dependents: _____

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.

Disclaimer:

I, _____ hereby authorize the City of Pickering to take any means required to verify all the information provided on 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 corpserve@city.pickering.on.ca

For Office Use Only:
Calculation of Assessment Related Increase:

Roll Number	
2005 Annualized Taxes	
2006 Taxes (attach copy of Schedule 2)	
Assessment Related Increase	
Less (Greater of 5% or \$100.00)	
Amount Eligible for Deferral	