

Application for Deferral of Taxes for Low-Income Seniors and Low-Income Disabled Residents

Tax Year Municipality of Property Property Tax Roll Number

Name of Applicant(s)

Address of Property

Phone No. Date of Birth: (Provincial Seniors Card may be required)

Social Insurance Number Disabled Residence Deferral, if applicable
(Provincial eligibility of this status may be required)

LIST NAMES AND ADDRESSES OF ALL CO-OWNERS

DECLARATIONS

I(We) received benefits under (mark one) and please attach proof of receipt of the benefits:

_____ Ontario Disability Support Program (ODSP)

_____ Family Benefits Act (FBA)

_____ Guaranteed Income Supplement (GIS)

I(We) understand that the deferred taxes and accumulated interest are a debt payable to the Municipality and will be paid in full in accordance with By-law No. 4087 of the Corporation of the County of Bruce. I authorize the Municipality to obtain information from third parties to verify this application and authorize those third parties to release relevant information. I authorize and acknowledge that the Municipality may register a lien on the property.

Signature Date Signature Date

Approved by Municipality

Signature Title Date