MUNICIPALITY OF | MUNICIPALITÉ DE
MARKSTAY WARREN

Application for Tax Relief for Low-Income Seniors/Disabled

Applicant Information

Name:	
Date of Birth:	**Phone#:**
Address:	
Roll #:	
Date of Property Purchase:	

Please list the following information for ALL owners of this property.

Owners Name	Telephone #	Address

Declaration

1. I/We receive benefits under (please select one)

   - ○ Ontario Disability Support Program (ODSP) or Disability payments under the Ontario Family Benefits Act
   - ○ Guaranteed Income Supplement (GIS) under Part II of the Old Age Security Act

2. I/We have read the attached municipal by-law and confirm that I/we satisfy all criteria for qualifications.

3. I/We do hereby submit proof of our receipt of benefits stated in #1 of this declaration.

_____ _____

Signature Date

_____ _____

Signature Date

For Office Use Only:

Current Yr. Taxes _____ - Preceding Yr. Taxes _____ = _____
Amount of Cancellation
(min $10 – max $100)

Entered on Roll? **Y** or **N** Date:_____ Treasurer Signature: _____

The information collected in this application will be used to determine the applicant's eligibility under the Seniors and Disabled Tax Relief Program in accordance with the provisions of the Municipal Freedom of Information and Protection of Persons Privacy Act. All information collected shall remain confidential.