

Applications must be received by **August 18th** of the current taxation year to ensure the rebate is processed before the last property tax installment is due. Please mail or fax application to the City of Pickering, Taxation Section, One The Esplanade, Pickering, ON L1V 6K7, Telephone 905.420.4614, Fax 905.420.5313, Email propertytaxes@pickering.ca.

Applicant Information

Tax Roll #	<input type="text"/>	Application Tax Year	<input type="text"/>
Name of Owner	<input type="text"/>	Date of Birth	<input type="text"/>
Name of Spouse	<input type="text"/>	Date of Birth	<input type="text"/>

If Applicable

Additional Non-Spousal Owner(s)	<input type="text"/>	Date of Birth	<input type="text"/>
Property Address	<input type="text"/>		Pickering, ON
Postal Code	<input type="text"/>	Email	<input type="text"/>
		Telephone #	<input type="text"/>

Statement to be Signed by Applicant (Please Check Appropriate Boxes)

I authorize Service Canada to release to the City of Pickering such information as will verify my receipt of the Guaranteed Income Supplement (GIS) provided under the *Old Age Security Act (Canada)*; and/or I authorize the release of such information as will verify my receipt of the Income Supplement (IS) benefits provided under the *Ontario Disability Support Program Act (ODSPA)* to the City of Pickering.

Low Income Seniors Eligibility Requirements

- I am and/or my spouse is 65 years of age by the date of application; and
 - I am in receipt of the Guaranteed Income Supplement (GIS) as provided under Part II of the *Old Age Security Act (Canada)*, and have provided a copy of the most recent GIS eligibility letter from Service Canada (generally received in July each year); and
- I have been continuously assessed as the owner and resided on residential real property within the City of Pickering for a period of not less than one year immediately preceding the date of application; and
- All registered owners of the property meet the eligibility requirements or are the spouse of the owner who is eligible. (Properties under other ownerships are not eligible for this assistance program); and
- I have not claimed a tax credit in respect of any other real property for the year in which this application is made.

Low Income Disabled Eligibility Requirements

- I am and/or my spouse is a person with disabilities and in receipt of benefits provided under the *Ontario Disability support Program Act (ODSPA)*, and have provided a copy of the most recent benefits statement for O.D.S.P.; and
- I have been continuously assessed as the owner and resided on residential real property within the City of Pickering for a period of not less than one year immediately preceding the date of application; and
- All registered owners of the property meet the eligibility requirements or are the spouse of the owner who is eligible. (Properties under other ownerships are not eligible for this assistance program), and
- I have not claimed a tax credit in respect of any other real property for the year in which this application is made.

By signing this application, I/we acknowledge that I/we have read and understood all conditions and the information on this form and all the attachments are true and correct.

Owner's Signature

Spouse's Signature

Date of Application

Date of Application

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected to complete the Low Income Seniors and/or Persons with Disabilities Tax Assistance Application. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7, 905.420.4611.

Office Use Only - GIS/ODSP Applicants

	GIS		ODSP	
Owner/Applicant SIN # _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spousal Applicant SIN # _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Applicant SIN # _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No				
			_____ Verified By and Date	
Comments _____				

Alternate formats available upon request at 905.683.7575.