

Low Income Seniors or Low Income Persons with Disabilities Tax Assistance Application

Please read all the eligibility criteria before filling out the application form.

This authorization form can be submitted by email to propertytaxes@pickering.ca.

Applications must be received by August 19th of the current taxation year to ensure the rebate is processed before the last property tax installment is due. Please submit the online application, or mail or fax the application to the City of Pickering, Taxation Section, One The Esplanade, Pickering, ON L 1V 6K7, Telephone 905.420.4614, Fax 905.420.5313, Email propertytaxes@pickering.ca

* Indicates required field

Owner and Property Information

I am appling as a low income * Senior Person with Disabilities						
Application Tax Year *		Tax Roll #* City of Pickering tax roll numbers start with 01. Enter your 19 digit tax roll number as shown on your City of Pickering tax bill. If your number is not entered exactly as shown on your tax bill, your request may not be processed.				
Property Address*		Unit	City*	Province *	Postal Code*	
		Type &		ON	A1A 1A1	
Owner Name (First and Last Na	ıme) *	Number	Da	ate of Birth (DD/MM/Y)	(YY)*	
Primary Phone * Ext.		Alternate Phone		Ext.		
999.999.9999		999	9.999.9999			
Email Address*						

Spouse and Additional Owner Information	
Spouse Name (First and Last Name)	Date of Birth
Additional Non-Spouse Owner(s), if applicable:	Date of Birth
The additional non-spouse owner resides at the property *	
○ Yes	
○ No	
Document Checklist	
Low-Income Senior	
☐ I/we have attached a copy of the Current year's Guaranteed Incom	ne Supplement with the application.
 Proof of residence such as utility bills or drivers license is attached they do not reside at the property. 	for the additional owner(s) listed on this application if
Persons with Disabilities	
☐ I/we have attached a copy of the Current ODSP statement.	
 Proof of residence such as utility bills or drivers license is attached they do not reside at the property. 	for the additional owner(s) listed on this application if
Attach GIS letter or ODSP Statement *	
☐ Attach paper copy of GIS letter or ODSP Statement to the printed a	application form.
Important Information	
 Applicant(s) must meet all the eligibility criteria to be approved to Copy of the Guaranteed Income Supplement or the most recent application. Applications will only be processed upon receipt of If approved for the grant, the credit will be applied to the account. 	nt ODSP statement must be submitted along with the required supporting documents.
Statement to be signed by the Applicant	
Required fields*	
☐ I/we certify that I have read the eligibility criteria and conditions.	
I/we certify all information provided in the application is true and ag affect the eligibility.	gree to notify the City of any changes that would
I/we understand false statements made in this application may null issued.	lify eligibility and require repayment of any rebate

Owner Signature	Date
Spouse's Signature	Date

For more information about this request, please contact the Taxation Section at 905.420.4614.

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.

Alternate formats available upon request at 905.683.7575.

FIN 1701-04/12 Print Rev.25/07/15