

THE CORPORATION OF THE MUNICIPALITY OF TEMAGAMI

APPLICATION FOR TAX RELIEF FOR LOW-INCOME SENIORS/DISABLED

Name:	Date of Birth:
Roll #:	Phone #:
Address:	
Date owner purchased property:	

List the names and addresses of all owners of this property:

Owner	Address

Declaration:

1. I / We receive benefits under (check one)
 - Ontario Disability Support Program
 - 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 Clause #1 of this declaration.

For Office Use Only:

Calculation: Current Year Taxes: _____ – Preceding Year Taxes _____ = _____ Amount of cancellation (Max \$100)
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The information collected in this application will be used to determine the applicant's eligibility under the Senior and Disabled Tax Relief Program in accordance with the provisions of the Municipal Freedom of Information and Protection of Persons Privacy Act. All information shall remain confidential.
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