



THE CORPORATION OF THE CITY OF ELLIOT LAKE

Application for tax relief in respect of tax increases for low-income seniors and low-income persons with disabilities pursuant to Section 319 (1) of *The Municipal Act, 2001*

Application Year _____

Applicant Name: _____

Registered Owners' Name: _____

Property Address: _____

Mailing Address: _____

City & Postal Code: _____

Date of Birth: _____ Social Insurance Number _____
(MM/DD/YY)

How long have you resided at property address listed above. Years _____ Months _____

SELECT ONE: (attach proof)

LOW INCOME SENIOR

Must be 65 years of age or older by March 31st and eligible to receive Guaranteed Income Supplement (G.I.S.). Inc

Attach copy of _____ T4A (OAS) which MUST have an amount listed in Box 21 or a Notice of Entitlement letter for the period before March 31, _____.

DISABLED LOW INCOME PERSON

Must be eligible for a Disability Pension under the *Ontario Disability Support Program Act* or the *Family Benefits Act (Ontario)*. **No other disability pensions qualify.**

Attach copy of your latest disability pension check stub.

I am the eligible person of the property. This property is my principal residence for a period of not less than one year preceding 1st of January of the year for which application is made.

Tax relief amounts are only advanced after payment in full is received for any current or past year amounts payable, and will be in the form of AN APPLIED CREDIT to the final tax bill.

Eligible Person's Signature

Telephone Number

Date

⇒ DEADLINE ⇐

**THIS APPLICATION MUST BE RECEIVED IN THE OFFICE OF THE TREASURER,
NO LATER THAN _____th IN THE YEAR OF THE APPLICATION.**

NOTE: YOU WILL ONLY QUALIFY FOR A REBATE IF THERE IS AN INCREASE IN YOUR TAXES OVER THE PREVIOUS YEAR.



FOR OFFICE USE ONLY

DATE RECEIVED:	
PROPERTY ADDRESS:	
ROLL NUMBER:	
ACCOUNT NUMBER:	

**CALCULATION OF ELIGIBLE TAX-RELATED RELIEF AMOUNT:
(Maximum \$150.00 per application)**

Total municipal and school taxes <i>see Paragraph 1 a) i)</i> (Year _____)	-	Total municipal and school taxes in the year preceding general reassessment (Year _____)	=	\$ Tax Relief Amount (Maximum \$150.00)
--	---	--	---	--

\$ _____	-	\$ _____	=	\$ _____ (Maximum \$150.00)
----------	---	----------	---	--------------------------------

Final Taxes Billed \$ _____
Amount

Final Taxes Paid _____
Date

Municipal tax relief	
English public school tax relief	
French public school tax relief	
English separate school tax relief	
French separate school tax relief	
Total tax relief	

Approval

Treasurer or Designate

Date