 **LOW INCOME SENIOR OR LOW-INCOME PERSON WITH**

 **DISABILITIES TAX ASSISTANCE APPLICATION**

Applications must be received by August 31st of the current taxation year to allow time to review and process the eligible rebates before the last property tax installment is due. Please mail or fax application to the Township of Scugog, Tax Department, 181 Perry Street, Port Perry, ON L9L 1A7, Telephone 905-985-7346, Fax 905-985-9914, Email tax@scugog.ca

**Application Information:**

Tax Roll # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Tax Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement to be Signed by Applicant, please check all appropriate boxes:**

**Low Income Seniors Eligibility Requirements:**

I am and/or my spouse is 65 years of age by the date of this application; and

 I am in receipt of the Guaranteed Income Supplement(GIS) as provided under Part

 ll 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 Township of Scugog 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 the 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; and

 This property is my principal residence.

**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 with the Township of Scugog for a period of not less than one year

 immediately preceding the date of the 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; and

 This property is my principal residence.

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

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Owner’s Signature Spouse’s Signature

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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 Township Clerk, 181 Perry St, Port Perry, ON L9L 1A7, 905-985-7346.

 **Office Use Only – GIS/ODSP Applicants**

 **GIS ODSP**

 **Owner/Application SIN # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO YES NO**

 **Spousal Applicant SIN # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO YES NO**

 Application Approved YES NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Verified By and Date