

Application for Property Tax Relief Extreme Poverty and Sickness

Property Roll Number		Taxation Year:	
Property Address:		Assessed Owner(s):	
Applicant Name:		Applicant Status:	<input type="checkbox"/> Owner <input type="checkbox"/> Spouse of Eligible Applicant
Email:			<input type="checkbox"/> Tenant <input type="checkbox"/> Other (must document eligibility)
Phone:		Mailing Address:	

Declaration:

I, _____, am making this application for tax relief under clause 357(1)(d.1) on the basis that I am unable to pay my property taxes for the year as a result of: Extreme Poverty Sickness

Description of Circumstances that have Resulted in You Being Unable to Pay your Property Taxes:

(Additional information may be attached)

Important Notes Regarding Eligibility and Documentation:

Completion of an application does not establish eligibility to any form or amount of relief. In order to be deemed eligible for relief under this provision, Council must determine that the applicant's financial circumstances, whether due to sickness or otherwise, are such that they prevent the applicant from being able to pay their taxes.

Documentation that may be requested to support this determination could include, but may not be limited to:

- Detailed monthly expense and income listings for Applicant and members of their household;
- Bank statements and/or detailed listings of all capital holdings, investments, etc.;
- Revenue Canada Notices of Assessment for the subject tax year and the preceding tax years;
- Confirmation of eligibility for other means tested programs or supports related to the relief of poverty; and/or
- Reports prepared by attending health care providers.

Certification:

I, _____, certify that the information contained in this form and all accompanying documentation is true, accurate and complete and that I am an eligible applicant as defined by the Municipal Act, 2001.

Signature: _____

Date: _____

Municipal Use Only

Received On:	Via:	Municipal Signature: