APPLICATION FOR DEFERRAL OF PROPERTY TAXES FOR LOW-INCOME SENIOR AND LOW-INCOME DISABLED HOMEOWNERS

ROLL # (for office use only	y)					
STREET ADDRESS						
				POSTAL	CODE	
TELEPHONE	()	-				
List of all Registered owners and relationship to applicant						
Last Name		First Name		Age (YY/I	MM/DD)	Relationship
	<u> </u>					
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A copy of required docu	ments showing th	at each persor	ı (other than ar	applicant's spor	ıse) listed as an	owner of the property is in
receipt (or application pending) of one of the following supplements, must accompany this application:						
For Low-income Seniors	proof of:			Attach ph	otocopy	
GUARANTEED INCOME	SUPPLEMENT (GI	S)		Form T4A	-OAS or Notice o	f Qualification.
Age Federal or Ontario Citizen Card, Birth Certificate						
				or Passpo	rt	
For Low-income Disabled Persons proof of: <u>Attach photocopy</u>						
ONTARIO DISABILITY SU					or Notice of Qua	
NOTE: If an application for benefits is pending approval or under appeal, a photocopy of the completed application must be attached to this application.						
STATEMENT						
(1) I am the registered owner and continuous resident of this property.						
 (2) I have owned property in the Regional Municipality of Niagara for more than one year prior to the date of this application. (2) I have owned property in the Regional Municipality of Niagara for more than one year prior to the date of this application. 						
 (3) I acknowledge this property is my principal residence and I have not applied for a tax deferral on any other property this year. (4) Lagree to patify the Area Municipality of any changes that would affect my clicibility for the Property Tax Deferral Program including 						
(4) I agree to notify the Area Municipality of any changes that would affect my eligibility for the Property Tax Deferral Program, including changes to property assessment.						
(5) I, the applicant, declare the above information to be correct and complete to the best of my knowledge and belief and the Municipality may verify any and all information pertaining to this application.						
(6) I acknowledge that application for deferral must be made on an annual basis.						
		Oleventure of Ar				
Date of Application		Signature of Ap	plicant	Sigr	nature of Spouse	
NOTE:						
NOTE:	unts is subject to the Fr	eedom of Informat	ion and Protection	of Privacy Act. Perso	nal information rega	rding this application will be treated accounting.
NOTE: Information provided by applica	ants is subject to the Fr ications will be provide rocessed and granted i	eedom of Informat d to the Regional I in a timely fashion,	ion and Protection Aunicipality of Niag this application mu	of Privacy Act. Perso ara and the relevant s ist be completed and	nal information rega school board for thei received in your are	accounting.
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DETAILS OF TAX DEFERRAL

- 1. The applicant must own and occupy the property as their principle residence.
- 2. The applicant must have owned a residential property within the Regional Municipality of Niagara for a period of one or more years preceding the application.
- 3. The applicant must be in receipt of benefits from one of the programs identified on the application. Proof of receipt of benefits from the program must be submitted with the application.
- 4. The accumulated amount of deferral cannot exceed 50% of the current assessed value of the property.
- 5. Tax deferral applies to current taxes only and not tax arrears or outstanding taxes.
- 6. To maintain eligibility the property taxes must be current.
- 7. A tax reduction from a successful assessment appeal may alter the amount of the tax deferral.
- 8. In the event a tax deferral is granted, no interest charges will be added to the amount deferred.
- 9. Repayment of the deferral amount will be due and payable to the Area Municipality on:
 - transference of title of the property
 - disposition of property
 - applicant ceases to be eligible for deferral of taxes
- 10. In order to for continued eligibility for the Tax Deferral Program an application must be submitted to the Area Municipality each taxation year.
- 11. Application must be addressed to the Municipal Treasurer and submitted to the Area Municipality in which the property is located. Addresses provided below.
- 12. <u>**Deadline**</u> for submitting an application is <u>**February 28th**</u> of the following year that the tax relief is being requested.

Area Municipal Addresses

City of Niagara Falls

4310 Queen Street Niagara Falls, ON L2E 6X5

City of Port Colborne 66 Charlotte Street Port Colborne, ON L3K 3C8

City of St. Catharines P.O. Box 3012 St. Catharines, ON L2R 7C2

City of Thorold

P.O. Box 1044 8 Carleton St. South Thorold, ON L2V 4A7 **City of Welland** 411 East Main Street Welland, ON L3B 3X4

Town of Fort Erie 1 Municipal Centre Drive Fort Erie, ON L2A 2S6

Town of Grimsby P.O. Box 159 160 Livingston Avenue Grimsby, ON L3M 4G3

Town of Lincoln 4800 South Service Road Beamsville, ON LOR 1B1 Town of Niagara-on-the-Lake P.O. Box 100 1593 Creek Road Virgil, ON LOS 1T0

Town of Pelham P.O. Box 400 20 Pelham Town Square Fonthill, ON

L0S 1E0

Township of Wainfleet P.O. Box 40 Wainfleet, ON LOS 1V0

Township of West Lincoln P.O. Box 400 318 Canborough Street Smithville, ON LOR 2A0