

THE CORPORATION OF THE TOWN OF WHITBY  
In the Regional Municipality of Durham

Telephone:  
905-668-5803  
Fax: 905-686-7005  
575 Rossland Road E.  
Whitby, ON L1N 2M8



Personal information on this form is provided under the authority of the Municipal Act 2001, S.O. c. 25, as amended, and will be used to determine eligibility for tax reduction or tax deferral on property taxes paid to the Municipality. Questions about this provision should be directed to the Tax Department, 575 Rossland Road East, Whitby, L1N 2M8, (905) 668-5803.

**APPLICATION FOR ELDERLY PENSIONERS HOMEOWNERS  
TAX DEFERRAL PROGRAM - YEAR 2010**

**PART A - PROPERTY**

MUNICIPAL ADDRESS: \_\_\_\_\_

ASSESSMENT ROLL: \_\_\_\_\_

**PART B - OWNER INFORMATION**

NAME OF REGISTERED OWNER \_\_\_\_\_

RESIDENCE OF OWNER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Year/Month/Day

NAME OF SPOUSE \_\_\_\_\_ Surname/Given Names

RESIDENCE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Year/Month/Day

SOCIAL INSURANCE NO: \_\_\_\_\_

**PART C - DECLARATION**

I declare the following to be true, to the best of my knowledge:

- (a) I, and/or my spouse, own and occupy the property referred to in Part "A" above for the purposes of principal residence..
- (b) I qualify for the GIS.

I authorize the Income Security Programs Section of HRDC to release to the Town of Whitby such information as will verify my eligibility for the GIS.

**DATE OF APPLICATION**

\_\_\_\_\_  
Year/Month/Day Signature of Applicant

**PART D - AGREEMENT**

In addition to the above, I agree to the following Terms and Conditions:

- (c) That all deferred taxes become due and payable on the date of disposition of the property or transfer of title.

Amount of 2009 Assessment Related Tax increase deferrable \$ \_\_\_\_\_

**FOR OFFICE USE ONLY**

Owner in Receipt of GIS Yes No  
Spouse in Receipt of GIS Yes No  
Date \_\_\_\_\_

