

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

Telephone:
905-668-5803
Fax 905-686-7005
575 Rossland Rd 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 LOW INCOME DISABLED HOMEOWNERS
TAX DEFERRAL PROGRAM - YEAR 2009**

PART A - PROPERTY

(Property for which the application for homeowners tax deferral is being made)

MUNICIPAL ADDRESS: _____

ASSESSMENT ROLL: _____

PART B - OWNER INFORMATION

NAME OF REGISTERED OWNER _____

RESIDENCE OF OWNER: _____

DATE OF BIRTH: _____
Year/Month/Day

SOCIAL INSURANCE NO: _____

NAME OF SPOUSE : _____
Surname/Given Names

RESIDENCE: _____

DATE OF BIRTH: _____
Year/Month/Day

PART C - DECLARATION

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

- (a) I, or my spouse, own and occupy the property referred to in Part "A" for the purposes of personal residence.
- (b) I, or my spouse, qualify for the Ontario Disability Support Program.

I authorize the Ministry of Community and Social Services to release to the Town of Whitby such information as will verify my receipt of the Ontario Disability Support Program.

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:

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

Amount of 2008 Assessment Related Tax increase deferrable \$ _____

FOR OFFICE USE ONLY

Owner in Receipt of GIS Yes No

Spouse in Receipt of GIS Yes No

Date _____