



APPLICATION FOR PROPERTY TAX DEFERRAL
SENIORS, LOW-INCOME SENIORS OR LOW-INCOME DISABLED PERSONS
 Taxation Year for which deferral is requested: _____

ASSESSMENT ROLL NO. 1948. _____ **YEAR PURCHASED:** _____

NAME OF PROPERTY OWNER: _____
 (please print)

PROPERTY ADDRESS: _____

Seniors: age group 55-64 only (only tax increases in excess of \$100 are eligible for deferral)

I qualify as a "Low-Income Senior" and have attached the following documentation:

Proof of age _____; and
 For a single person - income tax assessment notice showing income of \$23,000 or less; or
 For a family of two or more - income tax assessment notice showing income of \$40,000 or less

Seniors: age group 65 and older

I qualify as a "Senior" and have attached the following documentation:

Proof of age _____

I qualify as a "Low-Income Disabled Person" and have attached the following documentation:

Ontario Disability Support Program (ODSP); or Social Assistance Reform Act; or
 Guaranteed Annual Income Supplement for the Disabled (GAIN); or
 most recent income tax assessment notice & documentation verifying one of the above

I certify that the above information is true, correct and complete.

SIGNATURE OF APPLICANT: _____

TELEPHONE #: _____ **DATE:** _____

| FOR OFFICE USE: | | |
|--|-----------------|-------|
| Maximum cumulative Deferral: | 2015 CVA | |
| CVA Equivalent Property Taxes | | \$ |
| ___ Property Taxes | | (\$) |
| Tax Increase | | \$ |
| minus \$100 threshold for Low-Income Seniors 55-64 | | (\$) |
| Current Year Deferral | | \$ |
| add Outstanding Taxes | | \$ |
| Cumulative Deferral | | \$ |

Tax Deferral Program Pursuant to Regional Municipality of York by-Law No. 2008-17

FAX COMPLETED FORM TO: 905-953-5150 OR E-MAIL TO: taxes@newmarket.ca