



APPLICATION FOR TAX DEFERRAL
TAXATION YEAR _____

(Low Income Seniors/Low Income Disabled Persons)
(Regional Municipality of Waterloo By-law 98-048)

Request for Tax Deferral for taxation year _____

Please Check One: _____ Low Income Senior
_____ Low Income Disabled Person

Name: _____

Municipal Address: _____

Telephone No. _____

Assessed Roll #: _____

Length of Time at this Address: _____

Mailing Address if different from above: _____

Please attach evidence of either a) or b) as follows:

a) For Seniors:

- Proof of Age
- Proof of receipt of support under the Guaranteed Annual Income Supplement (GIS);

b) Disabled Persons:

- Proof of receipt of support under the Ontario Disability Support Program (ODSP);
(Formerly known as the Family Benefits Act(Ontario))

I have read and understand the Region of Waterloo's policy on tax relief for low income seniors and low income disabled persons:

Name

Date: _____

Signature

To be completed by Area Municipality Staff:

Amount of the Deferral:

(a)	previous year total tax		
(b)	current year total tax		
(c)	tax increase	0.00	
(d)	Owners cost	0.00	<i>(First 3% = 3% of previous year tax)</i>
(e)	Amount to be deferred*	0.00	<i>[Tax increase (c) - Owner's cost (d)]</i>
	*must exceed \$50.00		

City Staff Name

Date: _____

Signature