



**THE CORPORATION OF THE TOWN OF BLIND RIVER Application for tax relief in respect of tax increases for low-income seniors pursuant to Section 319(1) of the Municipal Act, 2001**

11 Hudson St. Blind River, ON P0R1B0

Tel: (705) 356-2251 Fax: (705) 356-7343

Application Year: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City & Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

How long have you resided at the address listed above      Years \_\_\_\_\_ Months \_\_\_\_\_

**LOW INCOME SENIOR** (Attach proof)

Must be 65 years of age or older by March 31<sup>st</sup> and eligible to receive the Guaranteed Income Supplement (G.I.S).

**Attach copy of \_\_\_\_\_ T4A (OAS) which MUST have an amount listed in Box 21 or a Notice of Entitlement letter for the period before March 31, \_\_\_\_\_.**

I am the eligible person of the property. This property is my principal residence for a period of not less than one year preceding the 1<sup>st</sup> of January of the year for which application is made.

Tax relief amounts are only advanced after payment in full is received for any current or past year amounts payable, and will be in the form of **AN APPLIED CREDIT** to the final tax bill.

Signature of Eligible Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**DEADLINE**

**THIS APPLICATION MUST BE RECEIVED IN THE OFFICE OF THE TREASURER, NO LATER THAN JULY 31<sup>ST</sup> IN THE YEAR OF THE APPLICATION.**

**NOTE: YOU WILL ONLY QUALIFY FOR A REBATE IF THERE IS AN INCREASE IN YOUR TAXES OVER THE PREVIOUS YEAR.**