

# Elderly or Persons with Disabilities Tax Assistance Application



The Town of Caledon offers a property tax rebate to low-income elderly and low-income persons with disabilities.

You must **apply each year by December 31** in the year being applied for. However, we encourage you to apply by April 30 each year to ensure the rebate is processed before the final property tax installment is due.

Applicant Information			
Property Owner First and Last Name:		First and Last Name of Spouse: (if applicable)	
Current Address:			Town/City/Prov:
Postal Code:	E-mail:		Phone Number:
Property Owner's Date of Birth:		Spouse's Date of Birth: (if applicable)	
Property Owner's Social Insurance Number:		Spouse's Social Insurance Number: (if applicable)	
Assessment Roll Number:		Comments:	

Type of Tax Assistance (Please choose one below)

Elderly in Receipt of Guaranteed Income Supplement (GIS) - Please attest to each statement below.

- ☐ I am and/or my spouse is 65 years of age by the date of application; and
- ☐ I am in receipt of the Guaranteed Income Supplement as provided under Part II of the *Old Age Security Act (Canada)*;
- ☐ I have been continuously assessed as the owner *and* resided on residential real property within the Town of Caledon for a period of not less than one year immediately preceding the date of application.
- ☐ All registered owners of the property must meet the eligibility requirements or be the spouse of the owner who is eligible. *Properties under other ownerships are not eligible for this assistance program.* Consideration may be given to joint owners listed who do not reside on the property.
- ☐ I have **attached a copy of my Guaranteed Income Supplement eligibility letter** from Service Canada (generally received in July each year).
- ☐ I authorize Service Canada to release to the Town of Caledon such information as will verify my receipt of the Guaranteed Income Supplement (GIS) provided under the Old Age Security Act (Canada).

Persons with Disabilities in Receipt of Ontario Disability Support (ODSP) - Please attest to each statement below.

- ☐ I am and/or my spouse is a person with disabilities *and* in receipt of benefits provided under the *Ontario Disability Support Program Act (ODSPA)*.
- ☐ I have been continuously assessed as the owner *and* resided on residential real property within the Town of Caledon for a period of not less than one year immediately preceding the date of application.
- ☐ All registered owners of the property must meet the eligibility requirements or be the spouse of the owner who is eligible. *Properties under other ownerships are not eligible for this assistance program.* Consideration may be given to joint owners listed who do not reside on the property.
- ☐ I have **attached a copy of my most recent O.D.S.P. benefit statement** from the Ministry of Community and Social Services.
- ☐ I authorize the Ministry of Community and Social Services to release to the Town of Caledon such information as will verify my receipt of an allowance, benefits or income support as a person with a disability under the Ontario Disability Support Program Act (ODSPA).

I certify that the information on this form and all the attachments are true and correct.

Property Owner's Signature

Spouse's Signature (if applicable)

Date of Application

Date of Application (if applicable)

The personal information contained on this form is collected under the authority of Section 365 of the *Municipal Act, SO 2001*, and will be used only for the purpose of administering the low-income seniors or low-income persons with disabilities tax assistance program. Questions about this collection should be forwarded to the Town of Caledon Freedom of Information Coordinator at 6311 Old Church Rd, Caledon, ON L7C 1J6, 905.584.2272.

For Office Use Only					
SIN#			SIN#		
G.I.S. <input type="checkbox"/> Yes <input type="checkbox"/> No			G.I.S. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:					
Signature of Person Verifying		Phone Number		Date	
For Office Use Only – Tax Dept.					
O.D.S.P. Verified: <input type="checkbox"/> Yes		Roll No.			
Additional Owner:		APPLICATION APPROVED:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eligibility Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Posted By:		Date:	

THE LAST DAY FOR FILING APPLICATIONS IS **DECEMBER 31ST**