



NORFOLK COUNTY
LOW-INCOME SENIORS OR LOW-INCOME DISABLED
PROPERTY OWNERS TAX DEFERRAL

The County has developed a deferral program for low-income seniors and disabled property owners. Please note this is a deferral, not a rebate or tax write off.

The following is the criteria to qualify for a tax deferral under this program;

1. The applicant, or spouse, must occupy the property as a personal residence and have been assessed as the owner of the occupied residential property.
2. The applicant, or spouse, must be in receipt of benefits from one of the programs as outlined in the application form.
3. Applicants must supply proof of receipt of benefits from the program specified on the application. An example of which would be a photocopy of the most recent cheque received from the specified program.
4. Eligible applicants will be allowed to defer \$50.00 or more of their annual property taxes which resulted from a change to the assessment of the residential property pursuant to the requirements of the *Fair Municipal Finance Act* and the *Municipal Act of Ontario, Bill 111 2001* as amended.
5. In the event a tax deferral is granted, no interest charges will be added to the amount deferred.
6. To maintain eligibility, the applicant's property taxes must be current.
7. In the event of transference of title of the property, the remaining amount of all taxes deferred shall become due and payable on the date of transference of such title.
8. Earlier repayment could be based on an individual taxpayers financial circumstances, or as a result of a tax sale of the property.
9. All deferred taxes become due on the disposition of the property.
10. In the event that it is later determined that the applicant is not eligible for deferral of taxes as indicated under the eligibility criteria then the deferred taxes will be withdrawn and the applicant must repay the deferred taxes in full.

APPLICATION FOR DEFERRAL OF LOCAL TAXES FOR LOW INCOME SENIORS OR LOW INCOME DISABLED PROPERTY OWNERS

Roll No. _____ Municipality _____

Mailing Address _____

Postal Code _____ Telephone No. _____

Owner's Last Name _____ Owner's First Name _____

Owner's Date of Birth _____ Owner's Old Age Security No. _____

If Applicable:

Spouse's Last Name _____ Spouse's First Name _____

Spouse's Date of Birth _____ Spouse's Old Age Security No. _____

Owner Information

Please check (✓) if you are in receipt of or application pending for the following:

Guaranteed Income Supplement

Family Benefits Act

Ontario Disability Support Act

If Applicable Spouse Information

Please check (✓) if you are in receipt of or application pending for the following:

Guaranteed Income Supplement

Family Benefits Act

Ontario Disability Support Act

Please Note: Written proof of receipt of benefits or application for benefits must be attached to this application. An example of appropriate proof of receipt of benefits is a photocopy of a recent cheque. If an application for benefits is pending approval, a photocopy of the completed application must be attached to this application.

STATEMENT

Please check (✓) for appropriate eligibility

I or my spouse is 65 years of age or older and in receipt of the monthly Guaranteed Income Supplement provided under Part II of the *Old Age Security Act (Canada)*. I occupy the residential property as my principal residence for which the tax deferral is applied for, and; have been assessed as owner of such residential property in Norfolk County for a period of not less than one year.

I or my spouse is disabled and in receipt of benefits or assistance under either the *Ontario Disability Support Program Act* or the *Family Benefits Act*. I occupy the residential property as my principle residence for which the tax deferral is applied for, and; have been assessed as owner of such residential property in Norfolk County for a period of not less than one year.

I hereby acknowledge that the information provided by me is correct and Norfolk County may verify any and all information pertaining to this application.

Date _____ Signature of Applicant _____

Date _____ Signature of Spouse _____

The information for the Senior and Low Income Deferral program, contained in this application, is collected under the privilege of the Municipal Freedom of Information and Protection of Privacy Act and is for the sole use of the Municipality to approve and calculate any applicable deferral in taxes in relation to the applicable County policy.