

**ESSEX COUNTY TAX ASSISTANCE PROGRAM  
APPLICATION**

Date Application Received \_\_\_\_\_

Name of Property Owner(s):	_____
Property Address:	_____ _____
Property Description:	_____
Telephone Number(s):	_____
Date of Birth of Owner(s) (Provincial Seniors Card Required)	_____
Social Insurance Number(s)	_____

Please indicate which category you are applying for the Essex County Tax Assistance Program under by checking the appropriate box. You must attach **proof of receipt of income from the applicable program**.

<b>Low Income Senior</b> - you or your spouse are 65 years of age or older and are a recipient of the Guaranteed Income Supplement (GIS) under the Old Age Security Act.	<input type="checkbox"/>
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<b>Low Income Person with Disabilities</b> - you or your spouse are a recipient of the Ontario Disability Support or a recipient of disability support under the Family Benefits Act.	<input type="checkbox"/>
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Please answer the following questions by checking the appropriate box.

1. Do you and/or your spouse occupy this property as your principle residence on a continuous basis (12 months of the year)?  
Yes                       No
2. Have you and/or your spouse been assessed as the owner of the property for a period of not less than one year?  
Yes                       No

**DECLARATION:**

I, (we) understand the terms and conditions of the Essex County Tax Assistance Program and declare that the information given on this application and in any documents attached hereto, are correct and complete and confirm that I (we) satisfy all the eligibility criteria.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Applicant

*For Office Use*

Roll Number: \_\_\_\_\_

*Applicant must meet all the eligibility criteria to qualify for the tax cancellation:*

- RTC of subject property is Residential/Farm.*
- Qualifies under definition of Low Income Senior or Low Income Disabled Person.*
- Proof of eligibility attached to application.*
- Meets eligibility date of January 1<sup>st</sup>.*
- Applicant(s) is owner or spouse of owner of subject property.*
- Subject property is the continuous residence of owner or spouse of owner.*
- Applicant(s) has been owner of subject property for a minimum of one year preceding date of application.*
- All tax arrears and penalties/interest are paid in full.*
- N/A*  *The subject property is jointly held by persons other than spouses, and all co-owners qualify under the eligibility criteria.*
- Application received prior to the first day of September, in the year in which the application applies.*

*Amount of Tax Increase:*      \$ \_\_\_\_\_  
*(Must be \$50.00 or greater to qualify for cancellation)*

*Application*       *Approved*                       *Denied*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Treasurer*