



The Corporation of the Town of Whitby  
 575 Rossland Road East  
 Whitby, ON L1N 2M8

**Financial Information**

**FORM 1** – Application to cancel, reduce, refund taxes because of sickness or extreme poverty (s.357(1)(d.1) of the *Municipal Act, 2001*)

PROPERTY ADDRESS \_\_\_\_\_

ROLL NUMBER 18-09 \_\_\_\_\_

**ADULT PERSONS LIVING AT THIS PROPERTY**

	NAME(S)	RELATIONSHIP (spouse, partner, child, niece, etc.)	OCCUPATION	DATE OF BIRTH
1.				
2.				
3.				
4.				
5.				

Application for cancellation, reduction or refund of property taxes for the year 2010 must be received by February 28<sup>th</sup>, 2011. The information provided below must be from the **same year** as the property taxes that are the subject of your application(s). The following information will be asked for **each adult person** living at this property.

**PART 1**

<b><u>MONTHLY INCOME</u></b>	<b>ADULT 1</b>	<b>ADULT 2</b>	<b>ADULT 3</b>	<b>ADULT 4</b>	<b>ADULT 5</b>
EMPLOYMENT	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OLD AGE SECURITY	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
PENSION (CPP)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
EMPLOYMENT INS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
WORKER'S COMP	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
DISABILITY PENSION	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ONTARIO WORKS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SUPPORT PAYMENTS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
RENTAL/TENANT	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**PART 2**

**MONTHLY EXPENSES**

	<b>ADULT 1</b>	<b>ADULT 2</b>	<b>ADULT 3</b>	<b>ADULT 4</b>	<b>ADULT 5</b>
<b>FOOD</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
GROCERIES AND HOUSEHOLD SUPPLIES	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
MEALS OUTSIDE THE HOME	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>CLOTHING</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>HOUSING</b>					
STORAGE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TAXES	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
HOME INSURANCE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
CONDO FEES	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>UTILITY BILLS</b>					
HYDRO	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
WATER	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
NATURAL GAS/OIL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
CABLE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TELEPHONE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
INTERNET	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>OTHER BILLS</b>					
LIFE INSURANCE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
CAR INSURANCE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
HEALTH MED INS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
CAR OPERATION (GAS)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
CREDIT CARDS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
VACATIONS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
RECREATION	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**PART 3**

**ASSETS**

	<b>ADULT 1</b>	<b>ADULT 2</b>	<b>ADULT 3</b>	<b>ADULT 4</b>	<b>ADULT 5</b>
CASH ON HAND	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
CHEQUING ACCOUNT	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SAVINGS ACCOUNT	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
CREDIT UNION ACCOUNT	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**INVESTMENTS**

CANADA SAVINGS BONDS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SHARES	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
R.R.S.P.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TERM DEPOSITS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OTHER	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**RECEIVABLES**

MORTGAGES	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
LOANS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OTHER	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**VEHICLES**

AUTOMOBILES	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TRUCKS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
RECREATIONAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
MOTOR BIKE(S)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**OTHER** (specify)

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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**ASSETS (CONT'D)**

**REAL ESTATE**

**1. PROPERTY FOR WHICH THE APPLICATION IS FILED**

DATE PROPERTY WAS PURCHASED \_\_\_\_\_

PURCHASE PRICE \$ \_\_\_\_\_

AMOUNT OF DOWN PAYMENT \$ \_\_\_\_\_

BALANCE OWING ON MORTGAGE \_\_\_\_\_

**2. OTHER HOMES/REAL ESTATE**

OTHER PROPERTY(IES) (house, condo, cottage, cabin, trailer, etc.) \_\_\_\_\_

ADDRESS(ES) \_\_\_\_\_

ASSESSED OWNER(S) \_\_\_\_\_

RENTAL INCOME \$ \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information requested on this form is collected in accordance with the Municipal Act. After the application is filed, all information relating to the application may become available to the public. For additional information, please contact an ARB Public Inquiry Assistant at (416) 314-6900 or toll free at 1-800-263-3237.