**THE CORPORATION OF THE TOWN OF WHITBY**
**In the Regional Municipality of Durham**

Telephone:
905-668-5803
Fax: 905-686-7005
575 Rossland Rd E
Whitby ON L1N 2M8

**Personal information on this form is provided under the authority of the Municipal Act, 2001 S.O. c. 25 as amended, and the Municipal Elderly Residents Assistance Act, 1973, and will be used to determine eligibility for tax reduction or tax deferral on property taxes paid to the Municipality. Questions about this provision should be directed to the Tax Department, 575 Rossland Road East, Whitby, L1N 2M8, (905) 668-5803.**

## APPLICATION FOR ELDERLY PENSIONER'S TAX ASSISTANCE PROGRAM

### PART A - PROPERTY

(Property for which the application for an Elderly Pensioner's Tax reduction is being made)

MUNICIPAL ADDRESS: _____

ASSESSMENT ROLL: _____

### PART B - OWNER INFORMATION

NAME OF REGISTERED OWNER _____

RESIDENCE OF OWNER _____

TELEPHONE NUMBER _____

DATE OF BIRTH _____
Year/Month/Day

OLD AGE SECURITY No: _____

NAME OF SPOUSE**:** _____
Surname/Given Names

DATE OF BIRTH**:** _____
Year/Month/Day

### PART C - DECLARATION

I declare the following to be true, to the best of my knowledge:

(a) I, or my spouse, have been assessed for the property referred to in Part "A" above.

(b) I, or my spouse, own and occupy the property referred to in Part "A" for the purposes of personal residence.

(c) I, or my spouse, qualify for a monthly Guaranteed Income Supplement, pursuant to Part II of the Old Age Security Act (Canada).

I authorize the Income Security Programs Section of Human Resource Development Canada (HRDC) to release to the Town of Whitby such information as will verify my receipt of the Guaranteed Income supplement provided under The Old Age Security Act (Canada).

**DATE OF APPLICATION ( VALID FOR CURRENT YEAR ONLY)**

_____

**Year/Month/Day** **Signature of Applicant**

**FOR OFFICE USE ONLY**

Owner in Receipt of G.I.S. Yes No

Spouse in Receipt of G.I.S. Yes No

Date _____

Comments _____