

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 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 LOW INCOME DISABLED HOMEOWNERS
TAX ASSISTANCE PROGRAM**

PART A - PROPERTY

(Property for which the application for low income disabled homeowners tax reduction is being made)

MUNICIPAL ADDRESS: _____

ASSESSMENT ROLL: _____

SOCIAL INSURANCE NO: _____

PART B - OWNER INFORMATION

NAME OF REGISTERED OWNER _____

RESIDENCE OF OWNER: _____ Telephone No. _____

DATE OF BIRTH: _____

SOCIAL INSURANCE NO: _____
Year/Month/Day

NAME OF SPOUSE _____
Surname/Given Names

SOCIAL INSURANCE NO: _____

PART C - DECLARATION

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

- (a) I, and/or my spouse, own and occupy the property referred to in Part "A" above for the purposes of principal residence..
- (b) I qualify for the Ontario Disability Support Program.

I authorize the Ministry of Community and Social Services to release to the Town of Whitby such information as will verify my eligibility for the Ontario Disability Support Program.

DATE OF APPLICATION (VAILD FOR CURRENT YEAR ONLY)

Year/Month/Day Signature of Applicant