



Tax Deferral Application

Taxation year for which deferral is requested: _____

For Low Income Seniors and Low Income Disabled Persons, pursuant to the Regional Municipality of Waterloo By-law 98-048

Please all that apply: (A) Low Income Senior

(B) Low Income Disabled Person

Owner(s)/Occupant(s):	Year of Purchase:
Owner(s)/Occupant(s):	Year of Purchase:
Dates of Occupancy : From	to (mm/dd/yyyy)
Assessed Roll Number:	
Municipal Address:	Postal Code:
Contact Name:	Email:
Telephone No.:	
Mailing Address (if different from above):	Postal Code:
PLEASE ATTACH EVIDENCE OF EITHER: (A) FOR SENIORS: A.1 - PROOF OF AGE, AND A.2 - PROOF OF RECEIPT OF SUPPORT UNDER THE GUARANTEED ANNUAL INCOME SUPPLEMENT (GIS) (B) FOR DISABLED PERSONS: B.1 - PROOF OF RECEIPT OF SUPPORT UNDER THE ONTARIO DISABILITY SUPPORT PROGRAM (ODSP); FORMERLY KNOWN AS THE FAMILY BENEFITS ACT (ONTARIO)	

The amount eligible is: *cannot be less than \$50

DECLARATION:

I have read and understand the Region of Waterloo's policy on tax relief for low income seniors and low income disabled persons. I, the undersigned, hereby certify that the information above is true and correct :

Name of Applicant(s):

Signature(s):

Date: (mm/dd/yyyy) (mm/dd/yyyy)

Below is to be completed by Area Municipal Staff

(a) previous year total tax	<input type="text"/>	
(b) current year total tax	<input type="text"/>	
(c) tax increase	<input type="text"/>	
(d) owners cost	<input type="text"/>	(First 3% = 3% of previous year tax)
(e) amount to be deferred	<input type="text"/>	[Tax increase (c) - Owner's cost (d)] * if amount is negative deferral is not eligible

Mail, fax or email your completed application form and supporting documentation to the City of Waterloo Revenue Services at:

City of Waterloo, Revenue Services
100 Regina Street South
PO Box 337 STN Waterloo Waterloo, ON N2J 4A8
Fax: 519-747-8760 or Email: revenue@waterloo.ca