



APPLICATION FOR PROPERTY TAX DEFERRAL
SENIORS, LOW-INCOME SENIORS OR LOW-INCOME DISABLED PERSONS
 Taxation Year for which deferral is requested: _____

ASSESSMENT ROLL NO. 1948. _____ **YEAR PURCHASED:** _____

NAME OF PROPERTY OWNER: _____

(please print)

NAME OF SPOUSE: _____

(if applicable)

PROPERTY ADDRESS: _____

Seniors: age group 55-64 only *(only tax increases in excess of \$100 are eligible for deferral)*

I qualify as a "Low-Income Senior" and have attached the following documentation:

Proof of age _____; and

For a single person - income tax assessment notice showing income of \$23,000 or less; or

For a family of two or more - income tax assessment notice showing income of \$40,000 or less

Seniors: age group 65 and older

I qualify as a "Senior" and have attached the following documentation:

Proof of age _____

I qualify as a "Low-Income Disabled Person" and have attached the following documentation:

Ontario Disability Support Program (ODSP); or Social Assistance Reform Act; or

Guaranteed Annual Income Supplement for the Disabled (GAIN); or

most recent income tax assessment notice & documentation verifying one of the above

I certify that the above information is true, correct and complete.

SIGNATURE OF APPLICANT: _____

TELEPHONE #: _____ **DATE:** _____

FOR OFFICE USE:

Maximum cumulative Deferral:	2015 CVA	x 75%	\$
Year _____ CVA Equivalent Property Taxes			\$
minus Year _____ Property Taxes			(\$)
Tax Increase			\$
minus \$100 threshold for Low-Income Seniors 55-64			(\$)
Current Year Deferral			\$
add Outstanding Taxes			\$
Cumulative Deferral			\$

Tax Deferral Program Pursuant to Regional Municipality of York by-Law No. A-0293-2001-064

FAX COMPLETED FORM TO: 905-953-5150 OR E-MAIL TO: taxes@newmarket.ca