FLOWER CITY
BRAMPTON.CA

APPLICATION FORM FOR LOW-INCOME SENIORS AND LOW-INCOME DISABLED PERSONS TAX REBATE

Application Tax Year: _____

The City of Brampton is providing a tax relief program for qualified low-income seniors and low-income persons with disabilities. **Applications must be submitted by December 31st of the current taxation year**. To qualify for the rebate program, the applicant must meet the following eligibility criteria: 65 years of age and in receipt of the Guaranteed Income Supplement (GIS) **or** disabled and in receipt of Income Supplement (IS) benefits under the *Ontario Disability Support Program Act* (ODSPA), the property must be the personal residence (residential or farm property class) and the applicant must own a property in the municipality for at least one year. **ORIGINAL APPLICATION must be submitted; no faxes or e-mails are accepted.**

Mail to:

2 Wellington Street West,
Brampton, ON L6Y 4R2
Finance Department,
Corporate Services

TEL: (905) 874-2000

APPLICANT AND PROPERTY INFORMATION (Must be completed)

Tax Roll Number: 2110 – _ _ – _ – _ _ _ – _ _ _ _ _ – _ _ _ _

Name of Applicant	**Applicant's Social Insurance Number (SIN)**	
Name of Spouse (if applicable)	**Spouse's Social Insurance Number (SIN)**	
Additional Non-Spousal Owner(s) (if applicable)	**Non-Spousal Owner's Social Insurance Number (SIN)**	
Property Address	**Mailing Address** (only if different from property address)	
City	**Province**	**Postal Code**
Phone Number	**E-mail address**	

Low-Income Seniors in Receipt of Guaranteed Income Supplement (GIS)

Please Check Applicable Boxes

☐ I/we own and occupy the property described above as a personal residence and I/we have not claimed a tax relief credit in respect of any other property for the year in which this application is made.

☐ I and/or my spouse is sixty-five (65) years of age or older and receive the Guaranteed Income Supplement provided under the *Old Age Security Act (Canada).*

☐ I/We authorize Service Canada to release to the City of Brampton such information that will verify my receipt of the Guaranteed Income Supplement. **Service Canada requires original documents. Faxed and copied signatures are not accepted.**

Low-Income Persons with Disabilities in Receipt of Ontario Disability Support (ODSP)

Please Check Applicable Boxes

☐ I/we own and occupy the property described above as a personal residence and I/we have not claimed a tax relief credit in respect of any other property for the year in which this application is made.

☐ I/We authorize the Ministry of Community and Social Services to release to the City of Brampton such information that will verify my receipt of an allowance, benefits or income support as a person with a disability under the *Ontario Disability Support Program Act*, *1997* (ODSPA). **Original documents are required. Faxed and copied signatures are not accepted.**

I certify that the information on this form and any applicable attachment(s) is true and correct.

Name of Applicant (please print)	Signature of Applicant	Date
Name of Spouse (please print) (if applicable)	Signature of Spouse (if applicable)	Date
Name of Non-Spousal Owner (please print) (if applicable)	Signature of Non-Spousal Owner (if applicable)	Date

Personal information on this form is collected under the authority of Section 365 the Municipal Act 2001, SO 2001, c. 25 and will be used to process your application. Questions about the collection of this personal information only, should be directed to the Supervisor, Tax Policy & Assessment, 2 Wellington St. W, Brampton, On, L6Y 4R2., 905-874-2000.

For Office Use Only

GIS	**GIS**	**GIS**
Owner in receipt of benefit: Yes ☐ No ☐	Spouse in receipt of benefit: Yes ☐ No ☐	Additional Owner in receipt of benefit: Yes ☐ No ☐
ODSP	**ODSP**	**ODSP**
Owner disabled Yes ☐ No ☐	Spouse disabled Yes☐ No ☐	Additional owner disabled Yes ☐ No ☐
Owner in receipt of benefit Yes ☐ No ☐	Spouse in receipt of benefit Yes ☐ No ☐	Additional owner disabled in receipt of benefit Yes ☐ No ☐

Effective Date of GIS/ODSP: _____ Comments: _____Date: _____

Name of Person Verifying (Please print): _____ Signature of Person Verifying: _____