



United Counties of Prescott and Russell

Application for Tax Relief of Financial Hardship

Year: []

This form must be duly completed and returned to your municipality

Name: _____ Date of Birth: _____
Address: _____ Social Insurance Number: ____ - ____ - ____
Municipality: _____
Tax Roll Number: _____

Section A - Eligibility Criteria

The eligibility criteria are set out below, please indicate the appropriate box(es)

Low-Income Seniors

- 65 years of age or older
- In receipt of an increment under the Guaranteed Income Supplement (GIS) (please attach proof)
- Owner or the spouse of such owner or both occupies or occupy the property in respect of which real property taxes are imposed, as his, her or their personal residence
- Assessed as the owner of the residential real property for a period of not less than one year immediately preceding the date of application for tax relief

Low-Income Disabled Persons

- in receipt of an increment paid under the "Ontario Disability Support Program Act", or in receipt of a disability amount paid under the Family Benefits Act Ontario (please attach proof)
- Owner or the spouse of such owner or both occupies or occupy the property in respect of which real property taxes are imposed, as his, her or their personal residence
- Assessed as the owner of the residential real property for a period of not less than one year immediately preceding the date of application for tax relief.

Section B - Calculation

If all of the eligibility criteria have been met, please complete this section

Total Taxes levied for Current Taxation Year [] A
Total Taxes levied for Preceding Taxation Year [] B
Total increase (decrease) A minus (-) B [] C

If the answer in C is negative, you are not eligible for the tax relief program.
If the answer in C is positive, you may be eligible for the tax relief program. Please complete section C, and return it to your municipality.

Section C

If at any time an eligible person, for which tax relief has been granted, ceases to be an eligible person, all tax relief ceases. No tax relief shall be allowed to an owner in respect of more residential real property than one (1) single family dwelling unit in any year.

I hereby certify that the above information is correct and that it is in compliance with By-laws 2001-33 of the United Counties of Prescott and Russell.

Claimant's signature and date _____

Office use only Claim #

Verified by: _____ Approved by: _____

Table with 3 columns: Municipality, County, School. Rows for G/L acct # and Amount.