CITY OF HAMILTON
ANNUAL APPLICATION – DEFERRAL OF TAXES
FOR
LOW-INCOME SENIORS (AGE 65 OR OLDER)
or
LOW-INCOME DISABLED PERSONS

Name: __________________________________________  Age: ______

Date of Birth:
Month _______ Day _____ Year _____

Applicant’s Status:
Owner or Spouse of Owner ☐
Co-Owner ☐

Address:________________________________________
Street line 1
Street line 2
Municipality _______ Postal Code _______

List all registered owners and relationship to applicant

Co-owners, excluding the spouse of the owner, must also be eligible under one of the following programs and must complete an individual application form with supporting documentation.

A copy of one of the following documents showing that you are in receipt of one of the following supplements, must accompany this application:

For Seniors:
GUARANTEED INCOME SUPPLEMENT (GIS) T4-OAS ☐

For Low-Income Disabled Persons:
ONTARIO DISABILITY SUPPORT PROGRAM (ODSP) FBS ☐
FAMILY BENEFITS ACT (FBA) FBS ☐
GUARANTEED ANNUAL INCOME SUPPLEMENT (GAINS) Approval Notice* ☐

*Approval Notice from the Human Resources & Development Canada’s Income Security Program

I, the applicant, declare the above information to be correct and complete to the best of my knowledge and belief.

Date ________________  Applicant’s Signature ________________

Personal information on this form is collected under the authority of section 319 of the Municipal Act, 2001, S.O. 2001, C. 25, (as amended), and will be used to determine the eligibility for Low-Income Seniors or Low-Income Disabled Persons to apply for a deferral of the tax increase on an annual basis to continue to be eligible for the deferral program. Questions about this collection should be directed to the Customer Service Program Co-ordinator, Tax Section, 71 Main Street West, Hamilton, ON L8P 4Y5, (905) 546-CITY (2489).

For Office Use Only:
Proof Provided ☐  Account #: ____________  Eligible Amount: ____________

Approval: ___________________  Date: ___________________