

**Contact Name and Phone** number if other than owner

## **Property Tax Grant Application** For Low Income Senior or Person with a Disability Tax Year 2015

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Property Owner Information (please print)  Last Name of Owner   Last Name of Co-   First Name of Co-																				
Last Name of Owner First Na			ille oi c		Last Name of Co- Owner/Spouse					First Name of Co- Owner/Spouse										
Date of Birth						Co-Owner's Date of Birth														
Year	Month	Day					Yea	r	Мо	nth	D	ay								
Ontario Disability Support Program Number (if applicable)																				
Ontario	Disability	Support	i iografii	Numbe	(	•		,												
	Disability y Address		Trogram	- TAGITION			City Osha	· ıwa,	ON						Р	osta	al C	ode		

This application must be received no later than April 30, 2016

For further information please contact:

Service Oshawa Phone: 905-436-3311 service@oshawa.ca

See reverse side of application

## Statement to be Signed by Senior

You must have reached at least the age of 65 during the applicable taxation year to be eligible. Please attach a **copy** of Proof of Receipt of the Guaranteed Income Supplement under the Old Age Security (Canada) with your application ,i.e., T4A-OAS. To verify if you are eligible to receive the GIS, please call 1-800-277-9914 or TTY 1-800-255-4786.

I occupy the residential property in the City of Oshawa indicated above and have been or will be assessed as Owner of such property for at least 90 days immediately before **December 31, 2015**.

I acknowledge this property is my principal residence and I have not applied for a tax grant on any other property in Oshawa this year.

I agree to notify the City of Oshawa of any changes that would affect my eligibility for the Property Tax Grant Program, including changes to household income or property assessment.

I authorize the Income Securities Section of Human Resource Development Canada (HRDC) to release to the City of Oshawa such information as will verify my receipt of the Guaranteed Income Supplement under the Old Age Securities Act (Canada).

Date of Application	Telephone Number
Applicant Signature	
Spouse Signature	

## Statement to be Signed by Person with a Disability

Please attach a **copy** of Proof of Receipt under the Ontario Disability Support Program with your application. To verify if you are eligible to receive ODSP, please call(905) 440-1030 or TTY 905-433-3950.

I occupy the residential property in the City of Oshawa indicated above and have been or will be assessed as Owner of such property for at least 90 days immediately before **December 31, 2015**.

I acknowledge this property is my principal residence and I have not applied for a tax grant on any other property in Oshawa this year.

I authorize the Ministry of Community and Social Services to release to the City of Oshawa such information as will verify my eligibility for the Ontario Disability Support Program.

information as will verify my eligibility for the Ontar	to Disability Support Program.
Date of Application	Telephone Number
Bate of Application	1 diophone Hambon
Applicant Signature	
Spouse Signature	

Personal information on this form is collected pursuant to Section 11 of the Municipal Act, 2001 and will be used to determine the eligibility of the request. Questions about this collection should be directed to the City's Freedom of Information Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7, by phone at 905-436-3311 or by email at clerks@oshawa.ca.

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