



PROPERTY TAX INTEREST RELIEF
Low Income Seniors and Low Income
Persons with Disabilities
Residential Property Owners
Established under Town of Espanola
Bylaw 2466/12

Who Qualifies?

To qualify for relief for current interest relief, you or your spouse must:

- 1) Be receiving the Guaranteed Income supplement (GIS) or the Ontario Disability Support Program (ODSP)
- 2) Be a resident of the Town of Espanola
- 3) Be assessed as the owner of residential Property for the entire year
- 4) Occupy a single-family dwelling in the Town of Espanola on which municipal taxes have been levied.

Statement to be filled out and signed by the applicant

| | | |
|-----------|---------------------|---|
| 1. | Roll Number: | Located on the top right of your tax bill |
|-----------|---------------------|---|

2.

| | |
|----------------|--------------------------|
| Name of Owner: | Date of Birth: |
| _____ | _____ |
| | Social Insurance Number: |
| | _____ |

| | |
|-----------------|--------------------------|
| Name of Spouse: | Date of Birth: |
| _____ | _____ |
| | Social Insurance Number: |
| | _____ |

3.

| | |
|--|---|
| Address of Property Occupied by Owner and/or spouse as personal residence: | Mailing Address (if different from left): |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4. **Statement to Be Signed By Applicant and Spouse**

I, or my spouse, have attained the age of 65 years on before the 31st day of December of this year.

I, or my spouse, receive the Guaranteed Income Supplement under Part II of the Old Age Security Act (Canada) and hereby consent to the release of information to the Corporation of the Town of Espanola that will verify receipt of the same.

Date:

I, or my spouse reside at the above property in the Municipality of Espanola and have been assessed as an owner of residential real property in the municipality of Espanola for at least one year immediately preceding the date of this application.

Applicant's Signature:

Please print and sign if you cannot complete the digital signature

or, alternatively

I am the surviving spouse of a former eligible recipient of the credit and I meet the criteria for eligibility.

Spouse's Signature:

Please print and sign if you cannot complete the digital signature

Telephone:

Personal Information on this form is collected under the authority of the Municipal Act, 2001, and is used to assess eligibility for low income seniors or low income persons with disabilities tax assistance.

For Office Use Only

In receipt of G.I.S.

Owner

Spouse

Application Approved:

Yes

No

In receipt of ODSP

Owner

Spouse

Comments:

Comments:

Signed:

Signed:
