



Schedule "A" to County of Peterborough By-law No. 2022-24

Application Form for Relief of a Residential Tax Increase
For low-income Seniors and low-income Persons with Disabilities

This form is to be completed by applicant. Please refer to By-law No. 2022-24 for Eligibility Criteria.

Name: _____ Date: _____

Address: _____

Telephone Number: _____ Tax Year: _____

Legal Description of Subject Property:

Lot _____ Concession _____ Plan _____ Part _____

Municipality: _____

Roll Number: _____

Current year taxes _____ Line 1

Prior year taxes _____ Line 2

Tax Increase _____ Line 3
(line 1 minus line 2)

Amount eligible for Relief to a maximum of \$200.00 _____ Line 6
(Line 3 or \$200, whichever is less)

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1. Are you receiving a benefit paid under the Ontario Disability Support Program Act, 1997?

Yes No

(If yes, evidence of benefit must be submitted with the application form.)

2. Are you receiving payments under the Guaranteed Income Supplement (GIS) as established under Part II of the Old Age Security Act (Canada); or who is in receipt of financial assistance under the Ontario Works Act, 1997 during the base year or the subject year?

Yes No

(If yes, evidence of benefit must be submitted with the application form.)

3. Are you the eligible person of above noted property and have owned it since December 31 or the 2nd year previous to the taxation year? (Example; for tax relief in 2022, property must be owned on December 31, 2021. For tax relief in 2024, property must be owned on December 31, 2022.)

Yes No

(If yes, evidence of benefit must be submitted with the application form.)

4. Is the above-noted property your principal place of residence? ("Principal residence" means a residence that is occupied by an eligible person for a minimum of eight (8) months per year.)

Yes No

5. Have you or another eligible person made an application for tax relief for more than one (1) single family dwelling unit in any year?

Yes No

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Solemn Declaration

I/We, _____, of the Township of

_____, in the
County of Peterborough do solemnly declare that all of the statements contained in this
application are true, and I/we make this solemn declaration as if made under oath and
by virtue of the Canada Evidence Act.

(Severally)

Declared before me

at the _____ of
_____, in the County
of Peterborough, this _____
day of _____, 20____.

Owner

Owner

A Commissioner for taking Oaths
And Affidavits

For Office Use Only:

Approved

Denied

Comments:

Signature of Lower Tier Treasurer

Date Received