



Essex County Tax Assistance Program Application

Date Application Received _____

Personal Information:

Name of Property Owner(s): _____

Property Address: _____

Property Description (Roll Number): _____

Telephone Number(s): _____

Date of Birth of Owner(s): _____

Social Insurance Number(s): _____

***Please also provide a piece of official government photo ID.**

Please indicate which category you are applying for the Essex County Tax Assistance Program under by checking the appropriate box. You must attach **proof of receipt of income from the applicable program**.

Low Income Senior - you or your spouse are 65 years of age or older and are a recipient of the Guaranteed Income Supplement (GIS) under the Old Age Security Act.

Low Income Person with Disabilities - you or your spouse are a recipient of an increment paid under the Ontario Disability Support Program Act.



THE CORPORATION OF THE TOWN OF ESSEX

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Please answer the following questions by checking the appropriate box.

Yes **No** Do you and/or your spouse occupy this property as your principle residence on a continuous basis (12 months of the year)?

Yes **No** Have you and/or your spouse been assessed as the owner of the property for a period of not less than one year?

Declaration:

I, (we) understand the terms and conditions of the Essex County Tax Assistance Program and declare that the information given on this application and in any documents attached hereto, are correct and complete and confirm that I (we) satisfy all the eligibility criteria.

Witness

Signature of Applicant

Witness

Signature of Applicant



For Office Use

Roll Number: _____

Applicant must meet all the eligibility criteria to qualify for the tax cancellation:

- RTC of subject property is Residential.
- Qualifies under definition of Low Income Senior or Low Income Disabled Person.
- Proof of eligibility attached to application.
- Meets eligibility date of January 1st.
- Applicant(s) is owner or spouse of owner of subject property.
- Subject property is the continuous residence of owner or spouse of owner.
- Applicant(s) has been owner of subject property for a minimum of one year preceding date of application.
- N/A The subject property is jointly held by persons other than spouses, and all co-owners qualify under the eligibility criteria.
- Application received prior to September 1st, in the year for which the application applies.

Amount of Tax Increase: \$ _____

(Must be \$50.00 or greater to qualify for cancellation)

Application

- Approved
- Denied

Signature of Treasurer

Date