



Town of Halton Hills
 1 Halton Hills Drive
 Halton Hills ON L7G 5G2
 www.haltonhills.ca

**REAL PROPERTY
 TAX CREDIT APPLICATION
 BY-LAW No. 00-054**

Property for which the Real Property Tax Credit Application is being made.

Name of Owner: _____ Year of Birth: _____

Year of Birth: _____

Address: _____

Previous Address if less than 1 year: _____

Name of Spouse: _____ Year of Birth: _____
 (If Applicable)

Owner's Old Age Security Number
 (fill in number below)

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Spouse's Old Age Security Number
 (fill in number below)

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(Note: Use numbers shown on your Old Age Security Identification Card)

Statement to be Signed by Applicant

I receive the Guaranteed Income Supplement provided under the Old Age Security Act (Canada). I occupy residential property in the Town of Halton Hills and have been assessed as owner of such property for at least 1 year immediately preceding the date of this application (or my spouse is qualified as above).

I authorize the Department of Health and Welfare (Canada) to release to the Town of Halton Hills such information as will verify my receipt of the Guaranteed Income Supplement provided under the Old Age Security Act (Canada).

Date of Application: _____
 (YY/MM/DD)

Tel: _____ Signature: _____

Office Use Only

Roll No.: _____

Applicant Assessed: or _____

Owner in Receipt of G.I.S. Yes No

Spouse in Receipt of G.I.S. Yes No

Date (YY/MM/DD): _____

For Regional Director: _____

Comments: _____

Approved By: _____

The personal information on this form is collected under the authority of the Municipal Elderly Residents' Assistance Act, as amended, and By-law No. 2000-0054, as amended. The information is used for the purpose of processing this application. Questions regarding the collection of this information should be directed to the Town's Records/FOI Coordinator at 905-873-2601 ext. 2356 or foi@haltonhills.ca.