



THE CORPORATION OF THE TOWN OF HALTON HILLS

Application Form
Senior's Property Tax Credit 2016

(Deadline for Applications is October 7th, 2016)

PROPERTY ROLL NUMBER 2415 _____ 0000

Owner Last Name	Owner First Name																																								
Owner/Spouse Last Name (if applicable)	Owner/Spouse First Name (if applicable)																																								
Owner Address	Owner Phone Number (_____) - _____ - _____																																								
Owner Date of Birth Year: _____ Month: _____ Day: _____	Postal Code Owner/Spouse's Date of Birth Year: _____ Month: _____ Day: _____																																								
Owner's Social Insurance Number (fill in number below)	Owner/Spouse's Social Insurance Number (Fill in number below)																																								
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																					<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				

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 application (or my spouse is qualified as above).

I authorize Service 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: _____ Signature: _____
dd/mmm/yyyy *please sign here*

(FOR OFFICE USE ONLY)			
Owner In Receipt of G.I.S.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Owner/Spouse In Receipt of G.I.S.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

Revenue & Taxation:	Application Reviewed: _____	Entered: _____
	Application Approved: _____	

**PLEASE MAIL APPLICATIONS TO: Town of Halton Hills, 1 Halton Hills Drive, Halton Hills, ON L7G 5G2
Attn: Corporate Service Department**

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.