



THE CORPORATION OF THE TOWN OF HALTON HILLS

**Application Form for Tax Year 2021
Senior's Property Tax Grant**

(Deadline for Applications is October 1, 2021)

PROPERTY ROLL NUMBER 2415 _____ - _____ - _____ - 0000

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Owner Last Name | Owner/Spouse Last Name (if applicable) | | | | | | | | | | | | | | | | | | | | |
| Owner First Name | Owner/Spouse First Name (if applicable) | | | | | | | | | | | | | | | | | | | | |
| Property Address: | | | | | | | | | | | | | | | | | | | | | |
| Phone Number: | | | | | | | | | | | | | | | | | | | | | |
| Owner Date of Birth Year: _____ Month: _____ Day: _____ | Owner/Spouse's Date of Birth Year: _____ Month: _____ Day: _____ | | | | | | | | | | | | | | | | | | | | |
| Owner's Social Insurance Number <small>(Fill in number below)</small> | Owner/Spouse's Social Insurance Number <small>(Fill in number below)</small> | | | | | | | | | | | | | | | | | | | | |
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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).

| | |
|-----------------------------|--|
| Please Sign Here (Owner) | Please Sign Here (Owner/Spouse if applicable) |
| Date of Application | Date of Application |

(FOR OFFICE USE ONLY)

| | | | | |
|--|-----|--|----|--|
| Owner In Receipt of G.I.S. | YES | <input style="width: 80%;" type="checkbox"/> | NO | <input style="width: 80%;" type="checkbox"/> |
| Owner/Spouse In Receipt of G.I.S. | YES | <input style="width: 80%;" type="checkbox"/> | NO | <input style="width: 80%;" type="checkbox"/> |

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

**PLEASE MAIL APPLICATIONS TO: Town of Halton Hills, 1 Halton Hills Drive, Halton Hills, ON L7G 5G2
Attn: Taxation & Revenue**

The personal information on this form is collected under the authority of the Municipal Elderly Residents' Assistance Act, as amended, and By-law No. 2018-0015, as amended. The information is used for the purpose of processing this application.