

## COVID-19 Pre-Authorized Monthly Property Tax Deferral Application

Personal information in this form is collected under the authority of the Municipal Act, 2001 and will be used to process your request. If you have any questions, please contact the Tax Department at 905-873-2600 x 2622.

### 1. Property Owner Information:

Roll Number ( 2415-XXX-XXX-XXXXX-XXXX): \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Co-owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### 2. Do any of the following apply:

- ☐ I am not currently enrolled in the regular Pre-Authorized program.
- ☐ I am on a monthly Pre-Authorized Program.
- ☐ I am on an installation Pre-Authorized Program.
- ☐ I am on a payer defined Pre-Authorized Program.

### 3. Financial Information:

Please attach one (1) of the following documents from your financial institution:

- Void Cheque
- Auto Withdrawal form

I/We accept the terms and conditions defined and I/We hereby authorize the Corporation of the Town of Halton Hills to debit my/our bank account.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Eligibility:

- ☐ I am not currently enrolled in the Low-Income Seniors Tax Deferral Program.
- ☐ I am not currently enrolled in the Low-Income People with Disabilities Tax Deferral Program.
- ☐ I am not currently enrolled in the Regional Older Adult Tax Deferral Program.
- ☐ I have not received compensation from Business Interruption Insurance towards the payment of property taxes.

My taxes are outstanding:

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Year 2020 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Year 2021 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Essential businesses permitted to operate with restrictions are not eligible (e.g. discount and big box stores selling groceries, supermarkets, grocery stores, convenience stores, pharmacies, beer, wine and liquor stores).

## 5. Statement of Hardship:

Please indicate the nature of the financial hardship you have experienced directly related to the COVID-19 pandemic.

- ☐ Loss of Employment      ☐ Temporary Suspension of Pay      ☐ Business Revenue Loss  
☐ Temporary Business Closure      ☐ December 26, 2020 Province Wide Shut Down

Date financial hardship began: \_\_\_\_\_

## 6. Supportive Documentation:

Please attach documentation to your application. Examples of acceptable supportive documentation may include:

- Notice of business closure
- Notice of temporary suspension
- Letter from employer confirming hours or pay had been reduced
- Notice of layoff
- Forced closure notice

The Town of Halton Hills reserves the right to request additional information or documentation for verification purposes.

## 7. Repayment Options:

Please select which option you prefer:

- ☐ Option 1

Payer defined payments:

April payment amount (enter amount) \$ \_\_\_\_\_

May payment amount (enter amount) \$ \_\_\_\_\_

And June to December (7 equal payments)

- ☐ Option 2

June to December (7 equal payments)

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## Submission Information:

Please ensure you have filled out the form completely attach/scan all supporting documents and sign. Deadline for submission is May 15, 2021.

Email: [taxdepartment@haltonhills.ca](mailto:taxdepartment@haltonhills.ca)

In Person: Drop box outside of main doors at 1 Halton Hills Drive

By Mail: 1 Halton Hills Drive, Halton Hills, ON, L7G 5G2

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If a payment submitted through this plan is not honored by the bank, the repayment plan will be terminated. The balance will be in arrears and will be subject to monthly penalty/interest effective that date.