

Submit To Your Area Municipality

Refer to Page 3 of this form for contact information

Application for Deferral of Local Taxes for Low Income Seniors or Low Income Disabled Property Owners

An application for deferral of local taxes in accordance with By-law 2009-49 (as amended by By-law 2017-4), a by-law to provide tax assistance to certain elderly and disabled residents who are owners of real property in The District Municipality of Muskoka.

Town/Township: **Taxation Year for Which Deferral is Requested:**

<p style="text-align: center;"><u>Applicant:</u></p> <p>Name: _____</p> <p>Date of Birth (YYYY-MM-DD): _____</p>	<p style="text-align: center;"><u>Spouse (if applicable):</u></p> <p>Name: _____</p> <p>Date of Birth (YYYY-MM-DD): _____</p>						
<p>Mailing Address: _____ City/Town: _____</p> <p>Province: _____ Postal Code: _____</p> <p>Phone #: _____ Ext #: _____ Email: _____</p>							
<p>Assessment Roll #: _____ Date of Ownership: _____ (principal residence) (principal residence)</p> <p>List all other properties in Muskoka owned by applicant and/or spouse (record any additional properties on a separate sheet and attach with application)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;"><u>Address</u></th> <th style="width: 50%; text-align: center;"><u>Assessment Roll #</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		<u>Address</u>	<u>Assessment Roll #</u>	_____	_____	_____	_____
<u>Address</u>	<u>Assessment Roll #</u>						
_____	_____						
_____	_____						

Please Indicate (X) For Appropriate Eligibility

<p>Guaranteed Income Supplement (G.I.S)</p> <p>Family Benefits Act</p> <p>Canada Pension Plan Disability Benefit</p> <p>Ontario Disability Support Act</p>	<p>In Receipt of</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Application Pending</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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NOTE: Written proof of receipt of benefits or application for benefits must be attached to this application. An example of appropriate proof of receipt of benefits is a photocopy of a recent cheque. If an application for benefits is pending approval, a photocopy of the completed application must be attached to this application.

Statement

(Please indicate (X) for appropriate eligibility)

- I or my spouse is 65 years of age or older and in receipt of the monthly Guaranteed Income Supplement provided under Part II of the Old Age Security Act (Canada). I occupy the residential property as my principal residence for which the tax deferral is applied for, and have been assessed as owner of such residential property in Muskoka for a period of not less than one year.
- I or my spouse is disabled and in receipt of benefits or assistance under either the Ontario Disability Support Program Act, Canada Pension Plan Disability Benefit or the Family Benefits Act. I occupy the residential property as my principal residence for which the tax deferral is applied for, and have been assessed as owner of such residential property in Muskoka for a period of not less than one year.

I / We hereby authorize the release by third parties of all information required by The District Municipality of Muskoka to verify the accuracy of any information submitted with this application.

I / We hereby declare that all of the statements in this application are true and that we have fully disclosed our financial situation, including all income and properties which we own or have an interest of any kind. I / We acknowledge and understand our obligation to make full and complete disclosure of our financial situation. I / We understand that any benefit received is limited to a deferral of taxes and that we will not receive any exemption from taxes. I / We also acknowledge and understand that in the event that our application is granted, interest will be charged on any taxes that are deferred.

I / We undertake and agree to immediately notify the Commissioner of Finance and Corporate Services of any change in our financial circumstances.

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Date (YYYY-MM-DD) Signature of Applicant Signature of Spouse

Personal information on this form is collected by the Area Municipality under the authority of The Municipal Act, 2001, c.25, as amended and any by-laws passed pursuant to it, and for the sole use of the Area Municipality to approve and calculate applicable deferral in taxes in relation to the applicable by-law and policy. Applicants are advised that information collected in this form may be required to be disclosed under the Municipal Freedom of Information and Protection of Privacy Act. Questions should be directed to the Area Municipality Freedom of Information Coordinator (refer to page 3 of this form for contact information).

For Office Use

Date Application Received: (YYYY-MM-DD) **Date forwarded to Area Municipality if received by District of Muskoka:** (YYYY-MM-DD)

To be completed by Area Municipality Staff:

Date Application received from Property Owner or The District Municipality of Muskoka:

_____ (YYYY-MM-DD)

CALCULATION:

	Current Year Taxes	\$	
Less			
	Prior Year Taxes	\$	
	Difference	\$	
	Deferral	\$	
	Applied to Taxes	\$	
	Refund Issued	\$	

Name (please print)

Position

Signature

Date (YYYY-MM-DD)

Area Municipality Contact Information

Town of Bracebridge

1000 Taylor Court
Bracebridge, ON P1L 1R6
Phone: (705) 645-5264
Fax: (705) 645-1262

Township of Georgian Bay

99 Lone Pine Road
Port Severn, ON L0K 1S0
Phone: (705) 538-2337
Fax: (705) 538-1850

Town of Gravenhurst

3 – 5 Pineridge Gate
Gravenhurst, ON P1P 1Z3
Phone: (705) 687-3412
Fax: (705) 687-7016

Town of Huntsville

37 Main Street East
Huntsville, ON P1H 1A1
Phone: (705) 789-1751
Fax: (705) 789-6689

Township of Lake of Bays

1012 Dwight Beach Road
Dwight, ON P0A 1H0
Phone: (705) 635-2272
Fax: (705) 635-2132

Township of Muskoka Lakes

1 Bailey Street
PO Box 129
Port Carling, ON P0B 1J0
Phone: (705) 765-3156
Fax: (705) 765-6755