

THE CORPORATION OF THE MUNICIPALITY OF TEMAGAMI

PROPERTY TAX RELIEF APPLICATION - BY-LAW 1814 -SCHEDULE "B"

FOR LOW INCOME SENIORS AND PERSONS WITH DISABILITIES

INSTRUCTIONS

1. Complete all sections of this form.
2. Attach required supporting documents (see Section 3).
3. Submit the application to the Municipal Treasurer by December 31 of the tax year or 45 days after the final tax bill, whichever is later.
4. All owners, spouses, and common-law partners must sign this application.
5. If the information required in the application is not provided completely or supporting documents are not attached, the application will be deemed incomplete and will not be processed.
6. Missing information not received within 45 days of submission will result in the application being considered abandoned.

SECTION 1: APPLICANT INFORMATION

Full Legal Name: _____

Date of Birth: _____

Mailing Address: _____

Property Address (for which relief is sought): _____

Assessment Roll Number: _____

Phone Number: _____

Email (optional): _____

SECTION 2: ELIGIBILITY CATEGORY

Check one category below (refer to Section 3 for required documents):

- ☐ Low Income Senior (65+ years, receiving GIS)
- ☐ Low Income Person with Disabilities (receiving ODSP or CPPD)

SECTION 3: REQUIRED DOCUMENTATION

Attach copies of the following documents based on your eligibility category in Section 2:

- Proof of Identity:

- ☐ Government issued photo ID (e.g., driver's license, passport)

- Proof of Eligibility:

- ☐ Most recent GIS statement (seniors)
- ☐ ODSP/CPPD (persons with disabilities)
- ☐ Ontario Works enrollment confirmation (Ontario Works recipients)

Proof of Income:

- ☐ CRA Notice of Assessment or T1 General Form (all applicants)

- Proof of Residency:

- ☐ Municipal property tax bill or land title deed
- ☐ Two (2) of the following:
 - Utility bill (hydro, water, gas) dated within the last 3 months
 - Voter registration record
 - Ontario driver's license/photo card showing property address
 - Bank statement or lease agreement (if applicable)

SECTION 4: TAX RELIEF REQUEST

Select one relief type:

- ☐ Cancellation of Tax Increase (up to \$300 for the base year)
- ☐ Deferral of Tax Increase (up to \$300 annually, with interest accruing on deferred amounts)

SECTION 5: COOWNER/SPOUSE DECLARATION

All owners, spouses, or common law partners must sign below. Attach additional sheets if needed.

Applicant's Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Spouse/Common Law Partner Signature: _____ Date: _____

SECTION 6: STATUTORY DECLARATION

I, _____ (Applicant's Name), solemnly declare that:

1. The information provided is true, complete, and accurate.
2. I meet all eligibility criteria under By-Law No. 25-1814.
- 3 I consent to the Municipality of Temagami collecting and sharing my personal information with the Canada Revenue Agency, Ontario Disability Support Program and other relevant agencies for the sole purpose of verifying my eligibility for tax relief under this by-law. I understand that this information will be collected, used, and disclosed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA).
4. I understand that false information may result in forfeiture of tax relief, repayment of taxes/interest, and potential prosecution under the *Provincial Offences Act, R.S.O. 1990, c. P.33*.

Applicant's Signature: _____ Date: _____

Witness: _____ (Name/Title)

Must be a commissioner of oaths, notary, or authorized municipal officer.

SECTION 7: PRIVACY NOTICE AND DATA COLLECTION

Authority: Municipal Act, 2001 (Section 319) and Ontario Home Property Tax Relief for Seniors Act, 2003.

Purpose: Determine eligibility for tax relief.

Retention: 7 years, then securely destroyed.

Disclosure: Shared with provincial/federal agencies for verification.

By signing, I authorize the Municipality to collect, use, and disclose my information as described.

Applicant's Signature: _____ Date: _____

SECTION 8: MUNICIPAL USE ONLY

Date Received: _____

☐ Approved ☐ Denied

Reason for Denial: _____

Relief Amount: \$ _____

Effective Date: _____

Processed By: _____ (Name/Title)

Treasurer's Signature: _____

IMPORTANT NOTES

1. Applicant Responsibility: You are solely responsible for submitting a complete application.

2. Submission Options:

- In Person: Municipality of Temagami Office, 7 Lakeshore Dr, Temagami ON P0H2H0.
- Mail: Municipality of Temagami Office, P O Box 220, Temagami ON P0H2H0.
- Email: CAO@temagami.ca (Digital Copy).