



**The Corporation of
The City of Sault Ste. Marie**

**APPLICATION FOR DEFERRAL OF TAXES FOR LOW INCOME SENIORS
AND LOW INCOME DISABLED PERSONS**

Request for Deferral for the taxation year _____

Name _____

Address _____

Postal Code _____ Telephone No. _____

Social Insurance Number _____

Please select and complete one of the following categories

Low Income Senior

☐

Date of Birth _____

Must be 65 years of age or older on December 31st of application year

Please attach proof of age (Photocopy of Provincial Senior Citizen Card or Birth Certificate)

Please attach proof of support under the Guaranteed Annual Income Supplement (letter or cheque stub)

Low Income Disabled Person

☐

Please attach proof of support under the Ontario Disability Support Program (letter or cheque stub)

You will be required to pay the first \$50 of any assessment related tax increase.

Declaration:

I have read and understand the City of Sault Ste. Marie's policy on tax relief for low income seniors and low income disabled persons and further acknowledge that a lien will be placed on the subject property for the deferred amount and further grant the Corporation permission to independently verify any documentation provided with the application.

Owner's signature _____

Date _____

Office Use Only

Date

Property Location

Roll Number

Account Number

_____ Property taxes	\$	_____
_____ Property taxes	\$	_____
Increase	\$	_____

City taxes deferred	_____
Public School taxes deferred	_____
Separate School taxes deferred	_____
Total taxes deferred	=====

Check when completed:

Added to tax certificate	_____
Interest rate confirmed	_____
School Board advised	_____

Completed by: _____

Date: _____

Authorized by: _____
for the Finance Department

Return to:

***The City of Sault Ste. Marie
Tax Division
99 Foster Drive
Sault Ste. Marie, Ontario
P6A 5X6***