



CITY OF KITCHENER  
 FINANCIAL SERVICES, REVENUE  
 CITY HALL, 200 KING ST. WEST  
 KITCHENER, ONTARIO N2G 4R6  
 519-741-2450

APPLICATION FOR TAX DEFERRAL  
 TAXATION YEAR \_\_\_\_\_

(Low Income Seniors/Low Income Disabled  
 Persons)  
 (Regional Municipality of Waterloo By-law 98-048)

Request for Tax Deferral for taxation year \_\_\_\_\_

Please Check One: \_\_\_\_\_  
 \_\_\_\_\_ Low Income Senior  
 \_\_\_\_\_ Low Income Disabled Person  
 \_\_\_\_\_

Name: \_\_\_\_\_

Municipal Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Assessed Roll #: \_\_\_\_\_

Length of Time at this Address: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_  
 \_\_\_\_\_

Please attach evidence of either a) or b) as follows:

a) For Seniors:

- Proof of Age
- Proof of receipt of support under the Guaranteed Annual Income Supplement (GIS);

b) Disabled Persons:

- Proof of receipt of support under the Ontario Disability Support Program (ODSP); (Formerly known as the Family Benefits Act(Ontario))

I have read and understand the Region of Waterloo's policy on tax relief for low income seniors and low income disabled persons:

\_\_\_\_\_  
 Name

Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature

# To be completed by Area Municipality Staff:

## Amount of the Deferral:

(a)	previous year total tax		
(b)	current year total tax		
(c)	tax increase	0.00	
(d)	Owners cost	0.00	<i>(First 3% = 3% of previous year tax)</i>
(e)	Amount to be deferred* *must exceed \$50.00	0.00	<i>[Tax increase (c) - Owner's cost (d)]</i>

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City Staff Name

Date: \_\_\_\_\_

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Signature