



**CORPORATION OF THE CITY OF BROCKVILLE
PROPERTY TAX DEFERRAL PROGRAM**
(on Residential Assessment of \$200,000 or less)

APPLICATION

Low Income Senior Deferral

Low Income Disabled Person Deferral

Property Location _____

Roll # _____ Tax Acct # _____

Yes Have you made any improvement to your property over the past year that would effect your tax levy?

No

Property Owner Information

Last Name _____ **First Name** _____

Joint Owner or Spouse _____ **First Name** _____

Mailing address and Phone Number

Social Insurance # _____ **Social Insurance #** _____

Date of Birth Yr/Mo/Day _____ **Date of Birth** Yr/Mo/Day _____

Senior Deferral

Proof of age
 Proof of Guaranteed Income Supplement

Disabled Persons

Proof of Disability Pension under Family Benefits Act

Statement to be Signed by Applicant

I occupy the above noted address as my principle residence and have been the assessed owner for at least one year preceding the date of this application. I have not applied for a tax deferral on any other property this year. I agree to notify the City of any changes in household income or assessment that may effect my eligibility for this tax deferral. I understand that the deferral amount is a special lien and must be repaid to the City when there is a registered change in title or the property is sold.

The last date to received this application is September 30.

For further information please call (613) 342-8772 ext 428

The deferral applies to only current taxes. The property taxes must remain in good standing.

Signature Date

Signature Date