Town of The Blue Mountains
32 Mill St, Box 310
Thornbury, ON N0H 2P0
tax@thebluemountains.ca
519-599-3131 x221

Application for Property Tax Relief

Low Income Seniors / Low Income Disabled Persons

Application Deadline: December 31, 2026

PART 1: APPLICANT INFORMATION

Taxation Year:

Applicant Name: _____

Applicant Status: **A.** Low-Income Senior ☐ **B.** Low-Income Disabled Person ☐ **C.** Spouse of **A** ☐ or **B** ☐

Mailing Address: _____

_____

Phone No: _____ E-Mail: _____

Prefered Contact: Email ☐ Letter Mail ☐ Phone ☐ Other: _____

PART 2: PROPERTY INFORMATION

Roll Number: _____

Property Address: _____

Assessed Owner(s): _____

PART 3: PROPERTY AND PROPERTY TAX ELIGIBILITY

The following questions will assist in determining whether your property, property assessment and property tax circumstances meet the minimum eligibility requirements to be considered for relief under this program.

3.1 This program applies to the principal residence that is owned by an eligible applicant.

a. Are you the/a registered owner of the Subject Property? **Yes** ☐ **No** ☐

b. Is this property your officially listed principal residence? **Yes** ☐ **No** ☐

3.2 This program applies to property tax increase from one year to the next, up to a maximum of $500.

a. Have your property taxes increased this year in comparison to last year? **Yes [ ] No [ ] Unsure [ ]**

b. If known, please enter **Last Year's Taxes $**_____ **Current Year Taxes $**_____

If the answer is "No" to any of the above questions, your property and/or property tax circumstances do not qualify for consideration under this program.

If you answered "Yes" to all of the above questions, please proceed with the remainder of this application.

Require Assistance or Property Information? If you do not have some of this information and/or would like to confirm the information that you do have is accurate, please contact the office and we will be pleased to assist you**.** **tax@thebluemountains.ca** **|** 519-599-3131 x221

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PART 4: APPLICANT ELIGIBILITY

The following questions will assist in determining whether you (the applicant) may qualify as an "eligible person" under this program. Please make a mark beside all of the statements that apply to you and/or your spouse.

Status / Circumstance	Applies to Myself	Applies to my Spouse	Does Not Apply
4.1 I am or will be 65 years of age or older this year.	☐	☐	☐
4.2 I receive payments under, or have been qualified for the Government of Canada's Guaranteed Income Supplement (GIS).	☐	☐	☐
4.3 I receive payments under, or have been qualified for financial assistance under the *Ontario Works Act*.	☐	☐	☐
4.4 I receive payments under, or have been qualified for financial assistance under the *Ontario Disability Support Program Act* (ODSP).	☐	☐	☐

Important Notes Regarding Eligibility and Documentation:

Completion of an application does not establish eligibility to any form or amount of relief. In order to be deemed eligible for relief under this provision, the municipality must determine that the applicant's circumstances meet the criteria for this program and that there has been an eligible increase in taxes in the current year.

Applicants are asked show proof of GIS or Ontario Works payments (low-income senior) or ODSP (low-income disabled persons) but are **not required** to leave any documentation with this application as it will contain personal information. Documentation that will be requested to support this application could include, but may not be limited to:

- Revenue Canada Notice(s) of Assessment to confirm principal residence
- Letter of Entitlement from Service Canada which confirms receipt of the Guaranteed Income Supplement (GIS);
- Documentation to confirm eligibility for payments under the *Ontario Works Act* or the *Ontario Disability Support Program Act (ODSP) or* entitlement letter; and/or
- Other documentation that may assist the municipality in confirming anything attested to in this application.

Certification

I, _____ certify that the information contained on this form is true, accurate and complete and that I agree to provide any and all documentation requested by the municipality in support of this application within sixty (60) days of any such request.

Signature:_____ Date:_____

Municpal Use Only

Received On:	Received By:	Proof Documentation: **T4A OAS** [ ] (Value in Box 21) **GIS Letter** [ ] **ODSP** [ ]