

CORPORATION OF THE COUNTY OF BRUCE

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

Date: _____

Name: _____

Address _____

Phone No. _____

Date of Birth _____
(Provincial Seniors Card required)

Social Insurance Number: _____

Disabled Residence Deferral: _____
(Provincial Eligibility of this status required)

LIST NAMES AND ADDRESS OF ALL CO-OWNERS

DECLARATIONS

1. I(We) received benefits under (check one)

_____ Ontario Disability Support Program (ODSP)

_____ Family Benefits Act (FBA)

_____ Guaranteed Income Supplement (GIS)

2. I(We) understand that the deferred taxes (and accumulated interest) from a debt payable to the Municipality and will be paid in full in accordance with By-Law No. 4087 of the Corporation of the County of Bruce.