



**APPLICATION FOR PROPERTY TAX DEFERRAL**  
**SENIORS, LOW-INCOME SENIORS OR LOW-INCOME DISABLED PERSONS**  
 Taxation Year for which deferral is requested: \_\_\_\_\_

**ASSESSMENT ROLL NO. 1948.** \_\_\_\_\_ **YEAR PURCHASED:** \_\_\_\_\_

**NAME OF PROPERTY OWNER:** \_\_\_\_\_  
 (please print)

**PROPERTY ADDRESS:** \_\_\_\_\_

**Seniors: age group 55-64 only** (only tax increases in excess of \$100 are eligible for deferral)

I qualify as a "Low-Income Senior" and have attached the following documentation:

Proof of age \_\_\_\_\_; and

- For a single person - income tax assessment notice showing income of \$23,000 or less; or
- For a family of two or more - income tax assessment notice showing income of \$40,000 or less

**Seniors: age group 65 and older**

I qualify as a "Senior" and have attached the following documentation:

Proof of age \_\_\_\_\_

**I qualify as a "Low-Income Disabled Person" and have attached the following documentation:**

- Ontario Disability Support Program (ODSP); or  Social Assistance Reform Act; or
- Guaranteed Annual Income Supplement for the Disabled (GAIN); or
- most recent income tax assessment notice & documentation verifying one of the above

**I certify that the above information is true, correct and complete.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE:**

<b>Maximum cumulative Deferral:</b>	<b>2015 CVA</b>	<b>x 75%</b>	<b>\$</b>
Year _____ CVA Equivalent Property Taxes			\$
minus Year _____ Property Taxes			(\$ )
<b>Tax Increase</b>			\$
minus \$100 threshold for Low-Income Seniors 55-64			(\$ )
<b>Current Year Deferral</b>			\$
add <b>Outstanding Taxes</b>			\$
<b>Cumulative Deferral</b>			\$

*Tax Deferral Program Pursuant to Regional Municipality of York by-Law No. A-0293-2001-064*

**FAX COMPLETED FORM TO: 905-953-5150 OR E-MAIL TO: [taxes@newmarket.ca](mailto:taxes@newmarket.ca)**