



**APPLICATION FOR SENIOR CITIZENS PROPERTY TAX REDUCTION**

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**To qualify for the Senior Citizens Property Tax Reduction, I certify that:**

*Please reply to each question (yes/no)*

I am the registered assessed owner (joint owner) of the above described property

I occupy the property as my principal year round residence

I am currently in receipt of the Guaranteed Income Supplement Provided under the Old Age Security Act

I am attaching an entitlement letter indicating approval of the Guaranteed Income Supplement from Service Canada. Letters can be requested by calling the Service Canada Toll Free Number 1-800-277-9914.

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

For Office Use

Roll Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Date Processed: \_\_\_\_\_ By: \_\_\_\_\_