



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: _____