

Tax Rebate Program Application

for Low-Income Seniors and Low-Income Persons with Disabilities

City of Mississauga, Mississauga Taxes
Tax Rebates & Appeals
300 City Centre Drive, 4th floor
MISSISSAUGA ON L5B 3C1
Tel: 3-1-1 or 905-615-4311
*outside city limits
FAX: 905-615-3972
www.mississauga.ca/tax
Email: tax @mississauga.ca



MISSISSAUGA

For Office Use Only:

PTP Date: _____

Personal information on this form is collected under the authority of City of Mississauga By-law 56-10 as amended will be used to process your application. Questions about the collection of this personal information only should be directed to the Manager, Revenue & Taxation, Revenue and Material Management Division, City of Mississauga, 300 City Centre Drive, Mississauga, Ontario, L5B 3C1, Tel. 905-615-3200, ext. 5250. All other inquiries please call 3-1-1 or 905-615-4311.

Current Tax Year: **20** ___ ___

The City of Mississauga provides a tax rebate to qualified low-income seniors and low-income persons with a disability. Applications **must be submitted by December 31st** the current taxation year. **NOTE: Applications will be processed following confirmation of the annual rebate amount which occurs in May with the approval of the final tax rates.**

SEE REVERSE FOR ELIGIBILITY CRITERIA

TAX ROLL # - - - - - -

Name of Owner	Date of Birth (yyyy-mm-dd)	Present Address
Name of Spouse	Date of Birth (yyyy-mm-dd)	Previous Address (only if less than one year at present address)
Additional Non-Spousal Owner(s) (if applicable)	Date of Birth (yyyy-mm-dd)	
Phone Number	Email Address	

Seniors in Receipt of Guaranteed Income Supplement (GIS) - Please select applicable boxes:

- I/We occupy the property described above as my/our "principal residence" and have not claimed a tax rebate in respect of any other property for the year in which this application is made.
- As owner/spouse (as defined under *Part III of the Family Law Act*) I am/we are sixty-five (65) years of age or older and receive the Guaranteed Income Supplement and I/we authorize Service Canada to release to the City of Mississauga such information as will verify my receipt of the Guaranteed Income Supplement. **(Applicant must be able to provide an original, signed application for verification purposes if required).**
- I/We have included a copy of my/our T4A (OAS) slip for the year prior to the current tax year.

Owner's Social Insurance Number (SIN): _____

Spouse's Social Insurance Number (SIN): _____

Additional Non-Spousal Owner's Social Insurance Number (SIN) (if applicable): _____

Persons with Disabilities in Receipt of Ontario Disability Support (ODSP) - Please select applicable boxes:

- I/We occupy the property described above as my/our "principal residence" and have not claimed a tax rebate in respect of any other property for the year in which this application is made.
- As owner/spouse (as defined under *Part III of the Family Law Act*) I/we are in receipt of an allowance, benefit or income support as a disabled person(s) under the *Ontario Disability Support Program Act*.
- I/We authorize the Ministry of Community and Social Services to release to the City of Mississauga such information as will verify receipt of an allowance, benefits or income support as a person with a disability under the *Ontario Disability Support Program Act*.

Owner's ODSP Member ID: _____

Spouse's ODSP Member ID: _____

Additional Non-Spousal Owner's ODSP Member ID (if applicable): _____

Stormwater Charge Subsidy:

Applicant(s) in receipt of the Tax Rebate will automatically qualify for the Stormwater Charge Subsidy. Single Family Homes will receive the Subsidy on the Region of Peel Water/Wastewater/Stormwater bill. Condominiums will have a separate cheque mailed to them from Environmental Services at the City of Mississauga. Please contact 311 or 905-615-4311 (if outside City limits) for more information.

I/We certify that the information on this form and any applicable attachment(s) are true and correct:

Signature of Owner	_____	Date	_____
Signature of Spouse	_____	Date	_____
Signature of Non-Spousal Owner (if applicable)	_____	Date	_____

<p>For Office Use Only - GIS</p> <p>Owner in receipt of GIS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Spouse in receipt of GIS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional Non-Spousal Owner in receipt of GIS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>T4A (OAS) received: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Person Verifying (print): _____</p> <p>Signature of Person Verifying: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	<p>For Office Use Only - ODSP</p> <p>Owner is disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Owner in receipt of benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Spouse is disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Spouse in receipt of benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional Non-Spousal owner is disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional Non-Spousal owner in receipt of benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Person Verifying (print): _____</p> <p>Signature of Person Verifying: _____</p> <p>Date: _____</p> <p>Comments: _____</p>
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