Tax Rebate Program Application

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

City of Mississauga
Finance Division
300 City Centre Drive
Mississauga, Ontario L5B 3C1
Tel: 3-1-1 or 905-615-4311 (outside city limits)
TTY: 905-896-5151 (teletypewriter) Email: tax@mississauga.ca

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mississauga			

For Office Use Only: PTP Date: _

		Public.Info@mississauga.ca or Telephone: 311 (905-615-4311 outside City limits).	
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 <u>submitted by December 31</u> st 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 # 2 1 - 0 5			
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 <i>Part III of the Family Law Act</i>) 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 <i>Part III of the Family Law Act</i>) I/we are in receipt of an allowance, benefit or income support as a disabled person(s) under the <i>Ontario Disability Support Program Act</i> .			
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:			
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	
For Office Use Only - GIS		ffice Use Only - ODSP	
Owner in receipt of GIS: Yes No Spouse in receipt of GIS: Yes No		r is disabled: Yes No r in receipt of benefit: Yes No	
	_	r in receipt of benefit: Yes No e is disabled: Yes No	
T4A (OAS) received:	_	e in receipt of benefit: Yes No	
Name of Person Verifying (print):		onal Non-Spousal owner is disabled:	
Signature of Person Verifying:		onal Non-Spousal owner in receipt of benefit: Yes No of Person Verifying (print):	
Date: Comments:	0	ure of Person Verifying:	

Comments:

Low-Income Seniors and Low-Income Persons with Disabilities Tax Rebate Program

Eligibility Criteria

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BCH9. For GIS recipients, a copy of your H(5 'fC5 GL'g']d'reflecting payments in Box 21 must be submitted k]h 'mci f' Udd']WUficb"9I Ua d'Y. : cf'h Y' 8\$20 application year, the 2019 T4A (OAS) slid']g'fYei]fYX"

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