



Property Account #

THE CORPORATION OF THE TOWN OF OAKVILLE
APPLICATION FOR SENIOR'S PROPERTY TAX REDUCTION
BY-LAW #2017-024

PART A: PROPERTY

Property for which the application for Seniors Tax Reduction is being made

Oakville, ON

MUNICIPAL ADDRESS

(905)

POSTAL CODE

TELEPHONE

PART B: APPLICANT

REGISTERED OWNER #1

SURNAME

FIRST NAME

DATE OF BIRTH (yyyymmdd)

REGISTERED OWNER #2 OR SPOUSE (IF APPLICABLE)

SURNAME

FIRST NAME

DATE OF BIRTH (yyyymmdd)

PART C: DECLARATION

I declare the following to be true to the best of my knowledge:

- a) I, and/or my spouse are 65 years of age or older
b) I, and/or my spouse have been assessed as the owner(s) of the property referred to in Part A, for at least one (1) year preceding this application
c) I, and/or my spouse use the property referred to in Part A for the purpose of personal residence only
d) combined income of registered owner(s) and all persons residing at the property does not exceed \$28,788
e) no other parties reside on the property referred to in Part A
f) no rental/board income is received relative to the property referred to in Part A
g) I, and/or my spouse are not registered owner(s) of more than one (1) property within the Town of Oakville

SIGNATURE OF APPLICANT

DATE

APPLICATIONS FOR THIS PROGRAM MUST BE RECEIVED BY THE TOWN OF OAKVILLE NO LATER THAN NOVEMBER 30, 2017. ANY APPLICATIONS RECEIVED AFTER THIS DATE WILL NOT BE PROCESSED.

OFFICE USE ONLY

APPROVED

DENIED

VENDOR #

SCHOOL SUPPORT

LISTED AS RESIDING AT THE PROPERTY

RESIDENT # 1

SURNAME FIRST NAME

DATE OF BIRTH (yyyy-mm-dd)

RESIDENT # 2

SURNAME FIRST NAME

DATE OF BIRTH (yyyy-mm-dd)

RESIDENT # 3

SURNAME FIRST NAME

DATE OF BIRTH (yyyy-mm-dd)

RESIDENT # 4

SURNAME FIRST NAME

DATE OF BIRTH (yyyy-mm-dd)