



CORPORATION OF THE CITY OF KINGSTON

RESIDENTIAL TAX DEFERRAL (UP TO \$1,000) TAX YEAR _____

Complete the following information and deliver this application by April 30th of the application year to:

City of Kingston
Taxation & Revenue Services
216 Ontario Street, City Hall
Kingston, ON K7L 2Z3

Assessment Roll # _____

Owner Last Name	Owner First Name
Owner Last Name	Owner First Name
Owner's Address	Property Address
How long have you owned/lived in the above property?	Phone Number ()
Owner's Social Insurance Number - -	Spouse's Social Insurance Number - -
Date of Birth Year Month Day	Spouse's Date of Birth Year Month Day

★ **Before completing, see reverse for important information!**

STATEMENT – PLEASE CHECK ONE

- I receive the Guaranteed Income Supplement provided under the Old Age Security Act (Canada). I occupy residential property in the City of Kingston and have been assessed as Owner of such property for at least one year preceding the date of this application (or my spouse is qualified as above).
- I receive benefits under the Ontario Disability Support Program. I occupy residential property in the City of Kingston and have been assessed as Owner of such property for at least one year preceding the date of this application (or my spouse is qualified as above).
- I receive benefits under the Ontario Works Act. I occupy residential property in the City of Kingston and have been assessed as Owner of such property for at least one year preceding the date of this application (or my spouse is qualified as above).

STATEMENT TO BE SIGNED BY APPLICANT

I hereby authorize an administrator of the program, as checked above, to release to the City of Kingston such information as will verify my benefits provided to me under such program, and I also authorize the City of Kingston to proceed to register a lien against this property, repayment to be made at such time as the property is sold.

Date of Application _____
(YY-MM-DD)

Telephone No. _____

Applicant Signature: _____

Spouse Signature: _____

I hereby certify that the above named is/are in receipt of the benefits as indicated above for the application year. Documentation received and verified.

Date: _____ Administrator: _____

APPLICATION REVIEWED

APPLICATION APPROVED

TAXATION CLERK

TAXATION SUPERVISOR

Personal information on this form is collected under the authority of the City of Kingston Act, 1993 and the City of Kingston By-Law #98-216 and will be used for the purpose of assessing your eligibility to receive a City of Kingston property tax deferral as applied for herein. Questions about this collection can be directed to the Supervisor of Taxation & Cashiering, 216 Ontario Street, Kingston, ON K7L 2Z3 (613) 546-4291 ext. 2484.

CITY OF KINGSTON ACT, 1993
(City of Kingston By-Law no. 98-87, as amended)
DETAILS OF TAX DEFERRAL

1. The applicant must be in receipt of benefits from one of the programs as outlined on the reverse and can provide proof, such as a benefit stub for the current year, or be willing to allow the administrator of such program to release details to the City of Kingston.
2. The applicant must occupy the property as a personal residence and have been assessed as owner of residential property for at least one year preceding the date of application.
3. Eligible applicants will be allowed to defer up to 50% of their annual property tax, but in no case more than \$1,000 annually.
4. Taxes not deferred must be paid in full.
5. Interest will be charged to the taxpayer on the deferred portion, with the rate of interest being the same as that paid by the City for short-term bank borrowings.
6. Senior citizens who qualify may claim either Senior Citizens Property Tax Credit of \$100 or the Residential Tax Deferral, but not both.
7. Original documentation must accompany application and we will copy.