

CORPORATION OF THE CITY OF KINGSTON

PROPERTY TAX INCREASE DEFERRAL PROGRAM APPLICATION 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	I am applying fo □ Program 1: S □ Program 2: E	Senior Deferral	al
Assessment Roll Number	Kingston, ON K/L 223	_ : e g . a _		-
Property Owner Information		First Name		
Last Name		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 (Senior's Application only)		Spouse's Date of Birth		
Year Month	Day	Year Month	Da	V
 Have you made any improvements to your property over the past year that we Senior Homeowner with a Low Income Please attach copies of documents as required for income verification: Notice(s) of Assessment of Income Tax the previous year that was Received from Revenue Canada by Applicant and all others occupying the residential home. Copy of Old Age Security T-4A. Proof of receipt of a registered pension or registered annuity, registered under the Income Tax Act (Canada). 		No Statement to be Signed by Applicant I occupy residential property in the City of Kingston and have been assessed as Owner of such property for at least one year immediately preceding the date of this application. I acknowledge this property is my principal residence and I have not applied for a tax deferral on any other property this year. I agree to notify the City of any changes which would affect my eligibility for the tax deferral, including changes to household income or property assessment.		
 Homeowner with Low Income & a Disability Please attach copies of documents as required for income verification: Notice(s) of Assessment of Income Tax for the previous tax year that was Received from Revenue Canada by Applicant and all others occupying the residential home. Proof of receipt of assistance paid under: the Ontario Disability Support Program Act, 1997; or Family Benefits Act (Ontario); or a disability paid under the Guaranteed Annual Income Systems program for the disabled (per by-law). (Include copies of cheque stubs). 		I understand that the deferral amount is a special lien and must be repaid to the City once the property changes ownership or ceases to be occupied as my principal residence or I am no longer an eligible low income person. I agree to notify the City if the property changes ownership or if I cease to occupy it as my principal residence. I authorize the release by third parties of all information the Treasurer of the City of Kingston may require to verify this application.		
Important Information		Date of ApplicationYear	Month	Day
A property tax reduction from a successful assessment appeal may alter the amount of your tax deferral.		Telephone No		
The last day for filing this application is April 30th. For further information, please call (613) 546-4291 ext. 2015 The property tax deferral applies to current taxes only and not to tax arrears and the property taxes must remain in good standing. Original documentation must accompany application and we will copy.		Applicant Signature:		
		Spouse Signature:		

The personal information on this form is collected under the authority of the Municipal Act and the City of Kingston, By-Law #98-216. The information will be used to assess your eligibility to receive a City of Kingston property tax deferral as applied for herein. Questions about this collection should be directed to the Supervisor of Taxation & Cashiering, 216 Ontario Street, PO Box 640, Kingston, ON K7L 4X1 (613) 546-4291 ext. 2484.