

**CORPORATION OF THE COUNTY OF BRUCE**

**APPLICATION FOR DEFERRAL OF TAXES FOR  
LOW INCOME SENIORS AND LOW INCOME DISABLED RESIDENTS**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(Provincial Seniors Card required)

Social Insurance Number: \_\_\_\_\_

Disabled Residence Deferral: \_\_\_\_\_  
(Provincial Eligibility of this status required)

**LIST NAMES AND ADDRESS OF ALL CO-OWNERS**

\_\_\_\_\_  
\_\_\_\_\_

**DECLARATIONS**

1. I(We) received benefits under (check one)

\_\_\_\_\_ Ontario Disability Support Program (ODSP)

\_\_\_\_\_ Family Benefits Act (FBA)

\_\_\_\_\_ Guaranteed Income Supplement (GIS)

2. I(We) understand that the deferred taxes (and accumulated interest) from a debt payable to the Municipality and will be paid in full in accordance with By-Law No. 4087 of the Corporation of the County of Bruce.