



**THE CORPORATION OF THE TOWN OF BLIND RIVER**  
**Application for tax relief in respect of tax increases**  
**for low-income seniors pursuant to Section 319 (1)**  
**of the Municipal Act, 2001**

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

<b>Application Year:</b>	
Applicant Name:	
Registered Owner's Name:	
Street Address:	Is this primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
City & Postal Code:	
Date of Birth: (MM/DD/YY)	Social Insurance Number:
How long have you resided at property address listed above.    Years _____ Months _____	

**LOW INCOME SENIOR** (Attach proof)

Must be 65 years of age or older by March 31st and eligible to receive Guaranteed Income Supplement (G.I.S). Inc

Attach copy of \_\_\_\_\_ T4A (OAS) which **MUST** have an amount listed in Box 21 or a Notice of Entitlement letter for the period before March 31, \_\_\_\_\_.

*I am the eligible person of the property. This property is my principal residence for a period of not less than one year preceding 1st of January of the year for which application is made.*

*Tax relief amounts are only advanced after payment in full is received for any current or past year amounts payable, and will be in the form of AN APPLIED CREDIT to the final tax bill.*

\_\_\_\_\_  
Eligible Person's Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**DEADLINE**

**THIS APPLICATION MUST BE RECEIVED IN THE OFFICE OF THE TREASURER,  
NO LATER THAN OCTOBER 31ST IN THE YEAR OF THE APPLICATION.**

**NOTE: YOU WILL ONLY QUALIFY FOR A REBATE IF THERE IS AN INCREASE IN YOUR  
TAXES OVER THE PREVIOUS YEAR.**