Tax Rebate Program Application

for Low-Income Seniors and Low-Income Persons with Disabilities

City of Mississauga, Mississauga Taxes
Tax Rebates & Appeals
300 City Centre Drive, 4th floor
MISSISSAUGA ON L5B 3C1
Tel: 3-1-1 or 905-615-4311
*outside city limits FAX: 905-615-3972 www.mississauga.ca/tax Email: tax @mississauga.ca



personal information only should be directed to the Manager, Revenue & Taxatio Tel. 905-615-3200, ext. 5250. All other inquiries please call 3-1-1 or 905-615-431	on, Revenue and Materiel Management Div	rision, City of Mississauga, 300 City Centre Drive, Mississauga, Ontario, L5B 3C1,
Current Tax Year: 20		
the annual rebate amount which occurs in May wi	exation year. NOTE: Applice ith the approval of the fina	ations will be processed following confirmation of latax rates.
TAX ROLL # 2 1 - 0 5	ERSE FOR ELIGIBILITY	
Name of Owner [Date of Birth (yyyy-mm-dd)	Present Address
Name of Spouse	Date of Birth (yyyy-mm-dd)	Previous Address (only if less than one year at present
	Date of Birth (yyyy-mm-dd)	address)
	,	
Phone Number	mail Address	
Seniors in Receipt of Guaranteed Income Su	pplement (GIS) - Pleas	e select applicable boxes:
I/We occupy the property described above as my/our "p for the year in which this application is made.	. , ,	• •
As owner/spouse (as defined under Part III of the Family Income Supplement and I/we authorize Service Canada Guaranteed Income Supplement. (Applicant must be a	to release to the City of Missis	
I/We have included a copy of my/our T4A (OAS) slip for the year prior to the current tax year.		
Owner's Social Insurance Number (SIN):		
Spouse's Social Insurance Number (SIN):		
Additional Non-Spousal Owner's Social Insurance Number (SIN) (if applicable):		
Persons with Disabilities in Receipt of Ontario	o Disability Support (OI	OSP) - Please select applicable boxes:
I/We occupy the property described above as my/our "proper in which this application is made.	rincipal residence" and have no	t claimed a tax rebate in respect of any other property for the
As owner/spouse (as defined under Part III of the Family person(s) under the Ontario Disability Support Program		an allowance, benefit or income support as a disabled
I/We authorize the Ministry of Community and Social Se allowance, benefits or income support as a person with		
Owner's ODSP Member ID:		
Spouse's ODSP Member ID:		
Additional Non-Spousai Switer's ODST Member ID (II applicable).		
Stormwater Charge Subsidy: Applicant(s) in receipt of the Tax Rebate will automatic the Subsidy on the Region of Peel Water/Wastewater/Environmental Services at the City of Mississauga. Ple	/Stormwater bill. Condominit	ums will have a separate cheque mailed to them from
I/We certify that the information on this form a	and any applicable attac	hment(s) are true and correct:
Signature of Owner		Date
Signature of Spouse		Date
Signature of Non-Spousal Owner (if applicable)		Date
For Office Use Only - GIS	For Office	Use Only - ODSP
Owner in receipt of GIS: Yes No	Owner is d	
Spouse in receipt of GIS: Yes No		eceipt of benefit: Yes No
Additional Non-Spousal Owner in receipt of GIS: Yes T4A (OAS) received: Yes No		disabled: Yes No receipt of benefit: Yes No
T4A (OAS) received: Yes No Name of Person Verifying (print):		Non-Spousal owner is disabled:
Signature of Person Verifying:	Additional	Non-Spousal owner in receipt of benefit: Yes No
Date:	Signature	erson Verifying (print):
Comments:		or roson vernying.

Comments:

Low-Income Seniors and Low-Income Persons with Disabilities Tax Rebate Program

Eligibility Criteria

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 - æÐ &[}œ]*[*•|^Á[¦ÁæÁ,^¦ā[åÁ,-Á,[ơÁ^••Ás@æ),Ás@^^Á^æò•Á;¦Á
 - àD within a relationship of some permanence if they are the] &\(\) \(\

BCH9. For GIS recipients H(5 'fC5 GL'g']d'reflecting GIS payments in Box 21 must be submitted k]h 'mci f'Udd']WUl]cb" 91 Ua d'Y.: cf'h Y'&\$20 application year, the 2019 T4A (OAS) slid']g'fYei]fYX"

K\YfY'N,Y'dfcdYfhmi]g'ck bYX'Vma cfY'N, Ub'cbY']bX]j]Xi Užk\YfY'Ub'ck bYf']g'bchU'gdci gYžN, Uhi]bX]j]Xi U'a i ghei U]ZmZcf' N YfYVUN'cb'N, Y]f'ck b'a Yf]hiUg'Ub'Y][]V'Y'dYfgcb"

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