









OLDER ADULTS PROPERTY TAX DEFERRAL PROGRAM RENEWAL APPLICATION

How to Apply

- Annual renewal applications must be received on or before September 30 in the year for which the renewal of the property tax deferral is sought
- Applications must be made in writing by completing the renewal application form and returning it to the Tax Office of the local municipality in which the property is located.
- Renewal applications <u>MUST</u> include a **Notice of Assessment prepared by Canada Revenue Agency** that is not older than 2 years prior to the year in which the renewal application is made
- Renewal applications must include signed authorization by the registered owners of the property for the release by third parties of all information to the Treasurer of the Local Municipality that may be required to verify the accuracy of the application

NOTE: This general information page is provided for convenience only. Applicants are directed to consult Halton Region By-law No. 20-16, as amended, for a full text of the program requirements. The By-law governs the operation of the deferral program, and the eligibility and application requirements.

If you have questions, contact Tax Office staff at:

The Regional Municipality of Halton

1151 Bronte Road, Oakville, Ontario L6M 3L1 (905) 825-6000

Submit the application to your local municipality Tax Office:

City of Burlington	Town of Halton Hills	Town of Milton	Town of Oakville
PO Box 5080	1 Halton Hills Drive	150 Mary Street	1225 Trafalgar Road
Burlington, ON	Halton Hills, ON	Milton, ON	Oakville, ON
L7R 4G4	L7G 5G2	L9T 6Z5	L6H 0H3
(905) 335-7750	(905) 873-2601	(905) 864-4142	(905) 845-6601
Fax: (905) 335-7877	,	,	,
propertytax@burlington.ca	TaxDepartment@haltonhills.ca	taxes@milton.ca	finance@oakville.ca











OLDER ADULTS FULL PROPERTY TAX DEFERRAL RENEWAL APPLICATION

Tax Deferral Year					
Property Roll Number					
Please note: Notice of Assessme An approved applica		Agency <u>MUST</u> accompany etween the applicant and th			
Part A – Halton P	roperty Ownership				
Principal Reside	nce for the Last 4 Yea	ars			
Address (Number, S	treet, Unit):				
City / Town:	Province:	Postal Code:	Years at Residence:		
Additional Prope	rty Ownership (if app	elicable)			
Address (Number, S	treet, Unit):				
City / Town:	Province:	Postal Code:			
Address (Number, S	treet, Unit):				
City / Town:	Province:	Postal Code:			
Address (Number, S	treet, Unit):				
City / Town:	Province:	Postal Code:			
Address (Number, S	treet, Unit):	I			
City / Town:	Province:	Postal Code:			











Part B – Applicant (s) (All registered owners must apply)

Applicant Name:	(YYYY/MM/DD):	Phone:	Email:
Applicant Name:	Date of Birth (YYYY/MM/DD):	Phone:	Email:
Applicant Name:	Date of Birth (YYYY/MM/DD):	Phone:	Email:
Applicant Name:	Date of Birth (YYYY/MM/DD):	Phone:	Email:

Part C – Alternate Contact

Alternate Contact Name:		Phone	Number:
Address (Number, Street, Unit):		Email:	
City / Town:	Province:		Postal Code:
Relationship to Applicant(s):			

Part D – Confirm Eligibility

	Yes	No
I/We wish to continue with the property tax deferral program		
I/We declare that I/we continue to meet the eligibility criteria for this program		

EVERY registered owner must complete this renewal application form to permit the continued deferral of property taxes for the above-noted property. Please ensure you have read all the terms and conditions before signing.











I/We acknowledge and agree to the following terms and conditions:

- I/We, as the registered owner(s) of the property identified in the application, certify that the above information provided in the application is true, accurate and complete and that the property for which the tax deferral is sought continues to meet the requirements of the program.
- I/We agree to notify the Local Municipality in the event of the death of a registered owner or when the property is sold, transferred or otherwise disposed.
- I/We authorize third parties to release information to the Local Treasurer required to determine my/our eligibility for the full property tax deferral program
- I/We authorize the Treasurer of the Local Municipality to release all information provided to me/us pursuant to the application for full property tax deferral to the Regional Treasurer.
- I/We acknowledge that renewing my/our participation in this program will result in further accumulation of outstanding taxes against my/our property

Applicant Name:	Date (YYYY/MM/DD):	Signature:
Applicant Name:	Date (YYYY/MM/DD):	Signature:
Applicant Name:	Date (YYYY/MM/DD):	Signature:
Applicant Name:	Date (YYYY/MM/DD):	Signature:

Personal information is collected on this form pursuant to Halton Region By-law No. 20-16, as amended, and will be used for all purposes related to the administration of the property tax deferral program, which includes but may not be limited to determining your eligibility for the program and coordinating your application between the local municipality and Halton Region

FOR OFFICE USE ONLY

Municipality:	Application No.:
Tax Deferral Year:	Date Received: