



The Corporation of the Town of Whitby
 575 Rossland Road East
 Whitby, ON L1N 2M8

**Application to cancel, reduce or refund taxes because of sickness or extreme poverty
 (s.357(1)(d.1) of the *Municipal Act, 2001*)**

PROPERTY ADDRESS: _____

ROLL NUMBER: 18-09-_____

PART 1: APPLICANT/APPELLANT INFORMATION

Reason for application: Cancel Reduce Refund

Do you have a representative? Yes No

If **yes**, complete Parts 1 and 2
 If **no**, complete Part 1 **only**

Are you the owner of the property? Yes No

Last name: _____ First name: _____

Company name (if applicable): _____

Mailing address: _____

Street address

Apt/Suite/Unit #

City Province Country Postal Code

Business phone #: _____ Home phone #: _____

Fax #: _____ Cell phone #: _____

E-mail address: _____

Applicant/Appellant signature:

**Please note: You must notify the Assessment Review Board in writing of any change of
 address or telephone number**

PART 2: REPRESENTATIVE AUTHORIZATION

I hereby authorize the named company and/or individual(s) to represent me:

Company Name: _____

Last name : _____ First name: _____

Mailing address: _____
Street address Apt/Suite/Unit #

City Province Country Postal Code

Business phone #: _____ Home phone #: _____

Fax #: _____

E-mail address: _____

Applicant/Appellant signature:

*Representatives who are NOT legal counsel must confirm that they have **written authorization** by checking the box below.*

I certify that I have written authorization from the complainant to act as a representative with respect to this complaint on his or her behalf and I understand that I may be asked to produce this authorization at any time.

Note: Anyone in Ontario providing legal services requires a licence, unless the group or individual is not captured by the Law Society Act or is exempt by a Law Society by-law. By-law 4 exempts persons who are not in the business or providing legal services and occasionally provide assistance to a friend or relative for no fee. For information on licensing please refer to the Law Society of Upper Canada's website www.lsuc.ca or call 416-947-3315 or 1-800-668-7380

PART 3: FINANCIAL INFORMATION

Persons living at this property:

(If more than five (5) people, fill out second application form)

	NAME(S)	RELATIONSHIP (self, spouse, partner, child, sibling, etc.)	OCCUPATION	DATE OF BIRTH (yyyy/mm/dd)
1.				
2.				
3.				
4.				
5.				

Application for cancellation, reduction or refund of property taxes for the current year must be received by February 28th, of the following year. The information provided below must be from the same year as the property taxes that are the subject of your application(s). The following information will be asked for **each person** living at this property.

SECTION A

MONTHLY INCOME	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5
Employment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Old Age Security	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Pension (CPP)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Employment Insurance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Disability Pension	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Ontario Works	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Support Payments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Rental/Tenants	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Guaranteed Income Supplement	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

SECTION B

MONTHLY EXPENSES	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5
<u>FOOD</u>					
Groceries/household supplies	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Meals outside the home	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>CLOTHING</u>					
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>HOUSING</u>					
Mortgage Payments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Home insurance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>UTILITY BILLS</u>					
Hydro	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Water	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Natural gas/oil	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Cable	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Internet	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>OTHER BILLS</u>					
Life insurance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Car insurance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Health/medical insurance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Car operation (gas, maintenance)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Credit cards	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Vacation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

SECTION C

ASSETS

	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5
Cash on hand	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Savings account	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Chequing account	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

INVESTMENTS

Canada Savings Bond	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Shares	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
R.R.S.P.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Term Deposits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Fund	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

RECEIVABLES

Mortgages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Loans	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Pending Lawsuits Description: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

VEHICLES

Automobiles	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Trucks	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Recreational	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

ASSETS (CONT'D)

REAL ESTATE

1. Property for which application was filed

Date property was purchased: _____

Purchase price: \$ _____

Down-payment amount: \$ _____

Balance owing on mortgage: \$ _____

2. Other homes/Real estate

Other property(ies) (house, condo, cottage, cabin, trailer, etc.):

Address(es): _____

Assessed Owner(s): _____

Rental Income: \$ _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Personal information requested on this form is collected under the various sections of the *Municipal Act, 2001*. After an application/appeal is filed, all information relating to the application may become available to the public. For additional information, please contact an ARB Public Inquiry Assistant at (416) 314-6900 or toll free at 1-800-263-3237. The *Municipal Act, 2001* is available at 111.arb.gov.on.ca.