



# APPLICATION FOR TAX ASSISTANCE TO THE ELDERLY LOW-INCOME SENIORS (Receiving Guaranteed Income Supplement)

## 2025 - \$370.00

**ASSESSMENT ROLL NO.:** 1948. \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

**NAME OF PROPERTY OWNER:** \_\_\_\_\_  
*(please print)*

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL INSURANCE NUMBER:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_  
*(if less than one year at the above address in the Town of Newmarket)*

**TELEPHONE NUMBER(S):** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

Personal information contained on this form is protected by the Municipal Freedom of Information and Protection of Privacy Act. It will be used only to process the application for tax assistance by elderly homeowners. Questions regarding this form may be directed to (905) 895-5193 or [info@newmarket.ca](mailto:info@newmarket.ca)

I receive the Guaranteed Income Supplement as provided under the Old Age Security Act. I occupy residential property as my principle residence in the Town of Newmarket. I have been assessed as owner of such property for at least one year immediately preceding the deadline for this application. I am not claiming this property tax grant for more than one property should I own more than one residential property in the Town of Newmarket. The subject property is not being rented in part or entirely. I have attached either a copy of my Guaranteed Income Supplement Entitlement letter or a copy of my T4A (OAS) Statement. I understand my application will be denied if not attached.

**I certify that the above information is true, correct and complete.**

**SIGNATURE OF HOMEOWNER:** \_\_\_\_\_

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

**DEADLINE: December 31, 2025**

**NOTE: Application must be made yearly**

**FAX COMPLETED FORM TO: 905-953-5150 OR e-mail to: [taxes@newmarket.ca](mailto:taxes@newmarket.ca) OR mail to the address below:**

**FOR OFFICE USE ONLY**  
Owner in receipt of G.I.S. \_\_\_\_\_ Spouse in receipt of G.I.S. \_\_\_\_\_  
**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_