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TAX RELIEF APPLICATION – Extreme Poverty or Sickness
(Municipal Act, 2001 – Section 357(1) (d.1))

- The **deadline** for submitting applications is **the last day of February of the year following the year for which the application is made (February 29, 2024).**
- To be eligible for a tax relief (cancellation, reduction or refund of taxes), you must satisfy the conditions which are outlined under the section of which you are applying.
- **By mail:** enclose your application (this completed form along with any required supporting documents) and remit to: **ASSESSMENT DIVISION, CITY HALL, 350 CITY HALL SQ. W., SUITE 410, WINDSOR, ON N9A 6S1**
- **In person:** at 350 City Hall Sq. W., drop box located at the customer service counter between 8:30 am and 4:30 p.m., Monday to Friday.
- Answer all questions on this form as it relates to the type of relief that you are applying for.
- You must also complete a Financial Disclosure Form and an Attending Physician's Form if applicable.
- If you have questions about this form, you may contact the City of Windsor at: **311 or (519) 255-CITY (2489)**

RELIEF OF 2023 TAXES	ASSESSMENT ROLL NUMBER
	3739 - _____ - _____ - _____ - 0000

APPLICATION DATE:		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		DAY MONTH YEAR
PERSONAL INFORMATION		
Property owner's last name:	First:	Middle: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss.
Other property owner's last name:	First:	Middle: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss.
Property address:	P.O. Box:	
City:	Province:	Postal Code:
Home phone number: ()	Alternate phone number: ()	Fax number: ()

REASON FOR APPLICATION **EXTREME SICKNESS** **EXTREME POVERTY**

APPLICANT'S CONSENT

I, _____ (name of applicant) , do hereby declare that the information given in this application and any supporting documents is true, correct and complete in every respect, and I make this solemn declaration conscientiously believing it to be true and knowing it is of the same force and effect as if made under other and by virtue of The Canada Evidence Act.

I authorize the City of Windsor to use this information to make a decision with respect to my Tax Appeal Application. I understand that I am financially responsible for any property tax balance that may be outstanding on my account provided that partial or no tax relief was granted, which as a result will have to be paid in full including penalties (if applicable). I authorize the City of Windsor to inspect and have access to information and records relating to any information required to process my application (such as; any assets held by me or on my behalf in any financial institution, or medical information). In addition the City may investigate balances on liabilities owing by myself or joint property owner.

Signature of Applicant _____ **Date** _____