Date Stamp	For Office Use Only

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.**
- 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 inside the main entrance - 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 will find the appropriate forms attached with respect to the type of relief that you may be applying for.
- If you have questions about this form, you may contact the City of Windsor at: **311, or (519) 255-CITY (2489), or TTY 1-800-855-0511.**

ADJUSTMENT OF 2021 TAXES

ROLL NUMBER

(Example)	3	7	3	9	0	1	1	1	1	0	0	0	0

3739 - ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___ - 0000

APPLICATION DATE: ____ ____ **DAY** ____ ____ **MONTH** ____ ____ ____ ____ **YEAR**

PERSONAL INFORMATION

Property Owner's Last Name:	First:	Middle:	❑ Mr. ❑ Mrs. ❑ Ms. ❑ Miss.
Other Property Owner's Last Name:	First:	Middle:	❑ Mr. ❑ Mrs. ❑ Ms. ❑ 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 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** _____

The information on this form is collected under the authority of section 357,358 & 359 of the Municipal Act, 2001 and will only be used for the purposes of determining eligibility for property tax relief and the amount of tax relief in respect of the Tax Adjustment Application. Questions about this collection may be made to the Manager of Property Valuation & Administration, Suite 410, 350 City Hall Square West, Windsor Ontario; 519-255-6100 Ext. 6170.