

The Municipality of Red Lake

SCHEDULE "A" TO BY-LAW NUMBER 275-03

APPLICATION FOR A TAX DEFERRAL FOR THE PURPOSES OF RELIEVING FINANCIAL  
HARDSHIP

APPLICANT (Eligible Person)

Name (property owner):	<input type="text"/>	Owner – Date of Birth:	<input type="text"/>
Name (spouse):	<input type="text"/>	Spouse – Date of Birth:	<input type="text"/>
Mailing Address:	<input type="text"/>	Ontario Disability Support Program Number:	<input type="text"/>
Property Address:	<input type="text"/>	Guaranteed Income Supplement Number:	<input type="text"/>
Legal Description:	<input type="text"/>		
Current Assessment:	<input type="text"/>	Tax Increase:	<input type="text"/>
Current Year's Taxes:	<input type="text"/>	% Tax Increase:	<input type="text"/>
Prior Year's Taxes:	<input type="text"/>	Eligible Tax Deferral:	<input type="text"/>

I certify that the information contained in this application is true and correct, and authorize third parties to release, to the Treasurer, all information the Treasurer may require to verify the accuracy of the information contained in this application.

_____ Applicant (Signature)	_____ Date
_____ Treasurer or Designate (Signature)	_____ Date
_____ Commissioner (Signature)	_____ Date

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**FOR MUNICIPAL USE ONLY**

Date of Lien: \_\_\_\_\_  
Lien Registration Number: \_\_\_\_\_