



CONTACT INFORMATION	
Applicant Name	
Mailing Address	
Roll Number	
Daytime Phone	Email

Select “Yes” in ONE of the categories below to qualify for the program.

<p>Are you 65 years old or older? If “Yes”, please provide a copy of a piece of ID that confirms your age. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you low income? If “Yes”, please provide a copy of your Notice of Assessment or Proof of Assessment issued to you by Revenue Canada (in accordance with FOIP Section 17). <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a disability? If “Yes”, please provide a doctor’s note or proof of disability. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

_____ **Applicant’s Signature**

_____ **Tax Clerk’s Signature**

FOR OFFICE USE ONLY	
<p>Verified Residence <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Received Stamp
<p>Current Taxes Paid <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Copies of Documents Attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	