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**
- **By email:** completed forms along with any required supporting documents may be emailed to: **propertytax@citywindsor.ca**
- **In person:** at 350 City Hall Sq. W., drop box located at the customer service counter between 8:30 am and 4:30 pm, 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 if applying under Extreme Sickness, an Attending Physician's Form.
- If you have any questions about this form, you may contact the City of Windsor at: **311 or (519) 255-CITY (2489).**

APPLICATION DATE: / /
DAY / MONTH / YEAR

For Adjustment of 2025 Property Taxes

PERSONAL INFORMATION

Property owner's last name:	First:	Middle:
Other property owner's last name:	First:	Middle:
Property address:		P.O. Box:
City:	Province:	Postal Code:
Home Phone Number:	Alternative Number:	Email Address:

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

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 effects as if made under other and by virue 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 undertand 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 informaiton 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.

Signaure of Applicant Date

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

The personal information on this form is being collected under the authority of the Municipal Act, Section 10 for the purposes of maintaining the integrity and accuracy of our data. Questions about this collection may be addressed to the 311 Call Centre by dialing 311 or outside the city 519-255-2489.
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