



### Application for Seniors on GIS Wastewater Credit

Please return the completed application with a copy of your GIS record to [CustomerService@portcolborne.ca](mailto:CustomerService@portcolborne.ca) or by fax 905-834-5746

applications for the year of 2021, must be submitted by December 1, 2021

Applicant		Applicant is:		Owner	or	Authorized Water account hol	
Last name			First name				
Street address						Unit number	
Municipality			Postal code		Province		
Telephone number			E-mail				
Owner (if different from applicant)							
Last name			First name				
Street address						Unit number	
Municipality			Postal code		Province		
Telephone number			E-mail				

Application for waste water credit		
1. Are you the water and wastewater rate payer and the water account holder?	Yes	No
2. Are you 65 years of age or older? (as of January 1, 2021)	Yes	No
3. Do you use the property for which the application is being made for the purpose of your personal residence?	Yes	No
4. Do you receive a monthly guaranteed income supplement (GIS) pursuant to Part II of the Old Age Security Act (Canada)?	Yes	No





I hereby agree to notify the City should I no longer be considered eligible for the Senior GIS credit program and agree that I am subject to verification requests.

Please attach proof of guaranteed income supplement eligibility for verification and approval purposes. (a copy of your GIS cheque or a copy of your confirmation letter from GIS approval)

**Date:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

The City of Port Colborne is committed to collecting and using your personal information responsibly. The privacy and protection of your personal information is of utmost importance to us. The Municipality is subject to the provisions of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). The Act requires that a local government protect the privacy of an individual's personal information that exists in its records and that it follows rules regarding the collection, retention, use, disclosure and disposal of personal information in its custody or control.

**Office Use:**

Utility Account number:	Water account holder:
Date received:	Effective date: