



Tribunals Ontario

Assessment Review Board
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Financial Information Form

(Disponible en français)

Date Stamp

For office use only

We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact the Board as soon as possible.

NOTES: This form is for submitting financial information in support of:

- an application under section 323(1)(e) of the *City of Toronto Act*, 2006, S.O. 2006, c. 11, Sched. A or section 357(1)(d.1) of the *Municipal Act*, 2001, S.O. 2001, c. 25, or
- an appeal under section 323(7) or 323(8) of the *City of Toronto Act*, 2006, S.O. 2006, c. 11, Sched. A, or section 357(7) or 357(8) of the *Municipal Act*, 2001, S.O. 2001, c. 25.

If you need to provide additional information for any of the sections below, please add extra pages.

If this form is not fully completed the Board cannot review your request which may result in your appeal or application being dismissed.

Do you have:

- ☐ Your completed Tax Return
- ☐ Your Notice of Assessment from the CRA
- ☐ Your Final Tax Bill from your municipality

Part 1: Request Information

Subject Property Description and Owner Information

Property Roll Number:

#####-###-###-#####-#####

Property Type:



Tax Year:

Street address:

Municipality:

Registered Owner(s) Information:

Name	Age as of December 31 st of the Taxation Year of the Application

Total Municipal Taxes Levied

Total Municipal Taxes Levied for the taxation year of the application:

\$ _____

Roll Number: #####-###-###-#####-####

Requested Cancellation/Reduction of Payment of Municipal Taxes

Please select ONE:

- I am seeking
- ☐ Cancellation of the full amount of taxes levied.
 - ☐ Partial Reduction of taxes levied. Specify amount of reduction: \$ _____

Please select ONE:

- ☐ I have not paid any of the municipal taxes.
- ☐ I have paid the municipal taxes. Specify amount: \$ _____

Part 2: Economic Family Information

Principal Residence:

Is the Subject Property your principal residence? ☐ Yes ☐ No

If no, please specify:
Street address:

Municipality:	Property Type: 
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Persons living with you at your principal residence:

Name	Age as of December 31 of Taxation Year	Relationship to Owner(s)	Annual After Tax Income
		Choose an item. For Other Relative, please specify:	\$
		Choose an item. For Other Relative, please specify:	\$
		Choose an item. For Other Relative, please specify:	\$
		Choose an item. For Other Relative, please specify:	\$
		Choose an item. For Other Relative, please specify:	\$

Part 3: Income Information

3.1 Owners' Taxable Incomes

After Tax Income as Confirmed on Each Owner's Tax Return

Owner #1			
Name	[A] Total Taxable Income as shown on Line 26000 of tax return	[B] Total Tax Payable as shown on Line 43500 of tax return	[A] – [B] After Tax Income
	\$	\$	\$

Main Sources of Owner #1's Taxable Income as shown on the income tax return:

- ☐ Employment
- ☐ Business Income (Self-Employment)
- ☐ Spousal Support Payments
- ☐ Employment Insurance
- ☐ Disability/Sickness Benefits (plan premium paid by employer)
- ☐ Old Age Security (OAS) / Guaranteed Annual Income Supplement (GAINS)
- ☐ Annuity Payment (Taxable Amount)
- ☐ Gross Rental / Boarder Income
- ☐ Withdrawal from a Registered Retirement Savings Plan (RRSP) or Registered Retirement Income Fund (RRIF)
- ☐ Pension Plan(s)
- ☐ Other – Please Specify: _____

Owner #2			
Name	[A] Total Taxable Income as shown on Line 26000 of tax return	[B] Total Tax Payable as shown on Line 43500 of tax return	[A] – [B] After Tax Income
	\$	\$	\$

Main Sources of Owner #2's Taxable Income as shown on the income tax return:

- ☐ Employment
- ☐ Business Income (Self-Employment)
- ☐ Spousal Support Payments
- ☐ Employment Insurance
- ☐ Disability/Sickness Benefits (plan premium paid by employer)
- ☐ Old Age Security (OAS) / Guaranteed Annual Income Supplement (GAINS)
- ☐ Annuity Payment (Taxable Amount)
- ☐ Gross Rental / Boarder Income
- ☐ Withdrawal from a Registered Retirement Savings Plan (RRSP) or Registered Retirement Income Fund (RRIF)
- ☐ Pension Plan(s)
- ☐ Other – Please Specify: _____

Owner #3			
Name	[A] Total Taxable Income as shown on Line 26000 of tax return	[B] Total Tax Payable as shown on Line 43500 of tax return	[A] – [B] After Tax Income
	\$	\$	\$

Main Sources of Owner #3's Taxable Income as shown on the income tax return:

- ☐ Employment
- ☐ Business Income (Self-Employment)
- ☐ Spousal Support Payments
- ☐ Employment Insurance
- ☐ Disability/Sickness Benefits (plan premium paid by employer)
- ☐ Old Age Security (OAS) / Guaranteed Annual Income Supplement (GAINS)
- ☐ Annuity Payment (Taxable Amount)
- ☐ Gross Rental / Boarder Income
- ☐ Withdrawal from a Registered Retirement Savings Plan (RRSP) or Registered Retirement Income Fund (RRIF)
- ☐ Pension Plan(s)
- ☐ Other – Please Specify: _____

Owner #4			
Name	[A] Total Taxable Income as shown on Line 26000 of tax return	[B] Total Tax Payable as shown on Line 43500 of tax return	[A] – [B] After Tax Income
	\$	\$	\$

Main Sources of Owner #4's Taxable Income as shown on the income tax return:

- ☐ Employment
- ☐ Business Income (Self-Employment)
- ☐ Spousal Support Payments
- ☐ Employment Insurance
- ☐ Disability/Sickness Benefits (plan premium paid by employer)
- ☐ Old Age Security (OAS) / Guaranteed Annual Income Supplement (GAINS)
- ☐ Annuity Payment (Taxable Amount)
- ☐ Gross Rental / Boarder Income
- ☐ Withdrawal from a Registered Retirement Savings Plan (RRSP) or Registered Retirement Income Fund (RRIF)
- ☐ Pension Plan(s)
- ☐ Other – Please Specify: _____

3.2 Other Income Received During the Taxation Year Not Reported on Your Tax Return

Owner #1

Name:

Type / Source of Income	Total Annual Amount
Worker's Compensation Plan Payments	\$
Ontario Disability Support Program Payments	\$
Ontario Works Payments	\$
Ontario Trillium Benefit	\$
Canada Child Benefit	\$
Disability Insurance Payments (plan premiums not paid by an employer)	\$
Child Support Payments	\$
Withdrawal from a Tax-Free Savings Account (TFSA)	\$
Annuity Payment (Non-Taxable Amount)	\$
Boarder/Tenant Income (Gross income if not reported on Income Tax Return)	\$
Cash Gifts Received	\$
Lottery/Gambling Winnings	\$
Income Received from outside Canada – please specify:	\$
Other – please specify:	\$

Owner #2

Name:

Type / Source of Income	Total Annual Amount
Worker's Compensation Plan Payments	\$
Ontario Disability Support Program Payments	\$
Ontario Works Payments	\$
Ontario Trillium Benefit	\$
Canada Child Benefit	\$
Disability Insurance Payments (plan premiums not paid by an employer)	\$
Child Support Payments	\$
Withdrawal from a Tax-Free Savings Account (TFSA)	\$
Annuity Payment (Non-Taxable Amount)	\$
Boarder/Tenant Income (Gross income if not reported on Income Tax Return)	\$
Cash Gifts Received	\$
Lottery/Gambling Winnings	\$
Income Received from outside Canada – please specify:	\$
Other – please specify:	\$

Owner #3

Name:

Type / Source of Income	Total Annual Amount
Worker's Compensation Plan Payments	\$
Ontario Disability Support Program Payments	\$
Ontario Works Payments	\$
Ontario Trillium Benefit	\$
Canada Child Benefit	\$
Disability Insurance Payments (plan premiums not paid by an employer)	\$
Child Support Payments	\$
Withdrawal from a Tax-Free Savings Account (TFSA)	\$
Annuity Payment (Non-Taxable Amount)	\$
Boarder/Tenant Income (Gross income if not reported on Income Tax Return)	\$
Cash Gifts Received	\$
Lottery/Gambling Winnings	\$
Income Received from outside Canada – please specify:	\$
Other – please specify:	\$

Owner #4

Name:

Type / Source of Income	Total Annual Amount
Worker's Compensation Plan Payments	\$
Ontario Disability Support Program Payments	\$
Ontario Works Payments	\$
Ontario Trillium Benefit	\$
Canada Child Benefit	\$
Disability Insurance Payments (plan premiums not paid by an employer)	\$
Child Support Payments	\$
Withdrawal from a Tax-Free Savings Account (TFSA)	\$
Annuity Payment (Non-Taxable Amount)	\$
Boarder/Tenant Income (Gross income if not reported on Income Tax Return)	\$
Cash Gifts Received	\$
Lottery/Gambling Winnings	\$
Income Received from outside Canada – please specify:	\$
Other – please specify:	\$

Part 4: Assets

4.1 Real Estate

Subject Property:

Estimated Market Value as of December 31st of the Taxation Year: \$

Encumbrances as of December 31st of the Taxation Year

Type	Amount Owing
1 st Mortgage	\$
2 nd Mortgage	\$
Secured Line of Credit (e.g. HELOC)	\$
Secured Loan	\$
Unpaid Income Taxes Owning	\$
Unpaid Municipal Taxes Owning from Previous Years	\$
Other – please specify:	\$
TOTAL ENCUMBRANCES	\$

Would you be able to borrow money using the Subject Property as security?

- ☐ Yes Estimated amount of money you could borrow: \$
- ☐ No Explain why you would be unable to do so:

Property #2 Address:

Owner(s):

Estimated Property Value as of December 31st of the Taxation Year: \$

Encumbrances as of December 31st of the Taxation Year

Type	Amount Owing
1 st Mortgage	\$
2 nd Mortgage	\$
Secured Line of Credit (e.g. HELOC)	\$
Secured Loan	\$
Unpaid Income Taxes Owning	\$
Unpaid Municipal Taxes Owning from Previous Years	\$
Other – please specify:	\$
TOTAL ENCUMBRANCES	\$

Would you be able to borrow money using the Property as security?

- ☐ Yes Estimated amount of money you could borrow: \$
- ☐ No Explain why you would be unable to do so:

Roll Number: #####-###-###-#####-####

Property #3 Address: _____
Owner(s): _____
Estimated Property Value as of December 31st of the Taxation Year: \$ _____

Encumbrances as of December 31st of the Taxation Year

Type	Amount Owning
1 st Mortgage	\$
2 nd Mortgage	\$
Secured Line of Credit (e.g. HELOC)	\$
Secured Loan	\$
Unpaid Income Taxes Owning	\$
Unpaid Municipal Taxes Owning from Previous Years	\$
Other – please specify:	\$
TOTAL ENCUMBRANCES	\$

Would you be able to borrow money using the Property as security?

- ☐ Yes Estimated amount of money you could borrow: \$ _____
☐ No Explain why you would be unable to do so: _____

4.2 Financial Assets

Non-Registered Bank Accounts (Chequing & Savings Accounts)

Note: Non-Registered Accounts do NOT include, RRSPs, TFSAs, RESPs, RDSPs, etc. These will be included below under "Other Financial Assets".

Owner(s)	Institution	Account Type	Balance on January 1 st of the Taxation Year	Balance on December 31 st of the Taxation Year
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Roll Number: #####-###-###-#####-####

Other Financial Assets:

Account #1:

Account Type:	Name of Account Owner(s):
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Can you withdraw funds from the Account?

- ☐ Yes Estimated amount of money you could withdraw: \$ _____
- ☐ No Explain why you would be unable to withdraw funds:

Balance on December 31st of the Taxation Year: \$ _____

Amount **Contributed to the Account** during the taxation year (Please specify)

Amount:	Source:
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Amount **Withdrawn from the Account** during the taxation year (Please specify)

Amount:	Disposition:
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Account #2:

Account Type:	Name of Account Owner(s):
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Can you withdraw funds from the Account?

- ☐ Yes Estimated amount of money you could withdraw: \$ _____
- ☐ No Explain why you would be unable to withdraw funds:

Balance on December 31st of the Taxation Year: \$ _____

Amount **Contributed to the Account** during the taxation year (Please specify)

Amount:	Source:
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Amount **Withdrawn from the Account** during the taxation year (Please specify)

Amount:	Disposition:
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Roll Number: #####-###-###-#####-####

Account #3:

Account Type:	Name of Account Owner(s):
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Can you withdraw funds from the Account?

☐ Yes Estimated amount of money you could withdraw: \$ _____

☐ No Explain why you would be unable to withdraw funds:

Balance on December 31st of the Taxation Year: \$ _____

Amount **Contributed to the Account** during the taxation year (Please specify)

Amount:	Source:
\$ _____	

Amount **Withdrawn from the Account** during the taxation year (Please specify)

Amount:	Disposition:
\$ _____	

4.3 Personal Assets

Personal assets include vehicles (including boats, motorcycles, trailers), other machinery, mobile homes and campers, and other items of value excluding home furnishings and person items such as clothing.

Only include items that would be valued at \$5,000 or more.

Item #1:

Asset Type	Name of Owner(s)	[A] Estimated Value	[B] Encumbrances on the Asset * * (e.g. loan registered against the asset)	[A] – [B] Equity
		\$ _____	\$ _____	\$ _____

Was the asset sold during the Taxation Year?

☐ Yes Sale Amount: \$ _____

What did you do with the sale proceeds?

☐ No Can you borrow money using this item as security?

☐ Yes Specify estimate amount you could borrow: \$ _____

☐ No Explain why you would be unable to withdraw funds:

Item #2:

Asset Type	Name of Owner(s)	[A] Estimated Value	[B] Encumbrances on the Asset * * (e.g. loan registered against the asset)	[A] – [B] Equity
		\$	\$	\$

Was the asset sold during the Taxation Year?

☐ Yes Sale Amount: \$ _____

What did you do with the sale proceeds?

☐ No Can you borrow money using this item as security?

☐ Yes Specify estimate amount you could borrow: \$ _____

☐ No Explain why you would be unable to withdraw funds:

Item #3:

Asset Type	Name of Owner(s)	[A] Estimated Value	[B] Encumbrances on the Asset * * (e.g. loan registered against the asset)	[A] – [B] Equity
		\$	\$	\$

Was the asset sold during the Taxation Year?

☐ Yes Sale Amount: \$ _____

What did you do with the sale proceeds?

☐ No Can you borrow money using this item as security?

☐ Yes Specify estimate amount you could borrow: \$ _____

☐ No Explain why you would be unable to withdraw funds:

Part 5: Other Debts			
Owner(s)	Type of Debt	Financial Institution or Lender	Balance Owing as of December 31 st
	Choose an item. For Other Debts, please specify:		\$
	Choose an item. For Other Debts, please specify:		\$
	Choose an item. For Other Debts, please specify:		\$

Part 6: Expenses

6.1 Extraordinary Expenses

Child Care Costs

Child's Name	Child's Age as of December 31 st	Name of Daycare Provider	Annual Amount Paid
			\$
			\$
			\$

Uninsured Medical or Prescribed Therapy Costs and Prescription Drug Costs

Name of Individual	Expense Type	Annual Amount Paid
	Choose an item.	\$
	Choose an item.	\$
	Choose an item.	\$

Roll Number: #####-###-###-#####-####

Home Appliance Replacement Costs

Appliance	Annual Amount Paid
Furnace / Boiler	\$
Air Conditioner	\$
Washer	\$
Dryer	\$
Refrigerator	\$
Stove	\$

6.2 Principal Residence Shelter Costs

Residence Type: [Choose an item.](#)

Expense Type	Expense Amount
Mortgage Interest	\$
Natural Gas	\$
Other Fuel / Heating Costs	\$
Hydro	\$
Metered Water	\$
Appliance Regular Maintenance Cost	\$
Property Insurance	\$
Condominium Fee	\$
Parking	\$
Other Fees (please specify)	\$
Total Annual Expenses	\$

Part 7: Affirmation

☐ I/We affirm that the information provided on this form is accurate and complete to the best of my/our knowledge and belief.

Owner Name	Owner Signature	Date Signed (dd/mm/yyyy)