

For Registered Charities Occupying Commercial and/or Industrial Property

Your form must be received at the tax office by the **last day of February** of the year following the taxation year to which the application relates

| | |
|---|------------------------|
| Calendar Year For Which Rebate Applies | |
| Name of Registered Charity | |
| Contact Name | |
| Charity's Mailing Address | Postal Code |
| Contact Telephone No. | Contact E-Mail Address |
| Address For Which Rebate Applies | Postal Code |
| Length of Occupancy at Present Address | |
| Canada Customs and Revenue Agency Registration/Business No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

Landlord Declaration (To be completed by the landlord.)

| | |
|--|---|
| Owner / Company Name as Reflected on the Lease (print) _____ | |
| Property Tax Roll Number | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Property Class for Property Occupied by the Charity | <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial |
| Total Annual Property Taxes Payable | \$ _____ |
| Total Annual Property Taxes Charged to Charity (do not include GST) | \$ _____ |
| Charity Proportionate Share of Rentable Space of Property | _____ % |
| *Please note: If Charity's length of occupancy at present address is less than one (1) year, complete below: | |
| From _____ | To _____ |
| I, the undersigned hereby certify that the information is true and complete. | |
| Landlord or Property Manager Name _____ <small>Print</small> | |
| Landlord or Property Manager _____ | Date _____ |
| <small>Signature</small> | |
| Contact Telephone No. _____ | Contact E-Mail Address _____ |

Charity Declaration (To be completed by the charity.)

| | |
|---|------------------------------|
| I, the undersigned hereby certify that the information is true and complete to the best of my knowledge and belief. | |
| Name of Authorized Officer _____ <small>Print</small> | |
| Title of Authorized Officer _____ | |
| Authorized Officer _____ | Date _____ |
| <small>Signature</small> | |
| Contact Telephone No. _____ | Contact E-Mail Address _____ |

For Office Use Only

| | | |
|---|--|--------------------|
| Verification of Property Commercial or Industrial | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tax Roll No. _____ |
| Verification of Registered Charity Status | <input type="checkbox"/> Yes <input type="checkbox"/> No | Due Date _____ |
| Total Annual Property Taxes | \$ _____ | |
| Paid by Charity | \$ _____ | |
| Rebate Entitlement (40%) | \$ _____ | |
| Recalculation | \$ _____ | |
| Balance Payable (Recoverable) | \$ _____ | |
| Vacancy | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Appeal(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year(s) _____ | |
| Completed By _____ | Date (MM/DD/YY) _____ | |

Notice with Respect to the Collection of Personal Information

Personal information is being collected under the authority of the Municipal Act and will be used to process your Charity Rebate Application. Questions regarding this collection should be directed to the Supervisor, Tax Office, 2 Wellington St. West, Brampton, Ontario, L6Y 4R2, Telephone (905) 874-2203.