

# APPLICATION FOR PROPERTY TAX REBATE

## FOR REGISTERED CHARITIES OCCUPYING COMMERCIAL OR INDUSTRIAL PROPERTY

This application is due **the last day of February** of the year following the taxation year to which the application relates.

Please ensure that the Landlord / Property Owner Declaration on the second page of this form is completed. This application consists of 2 parts, the applicant's declaration and the landlord's declaration, both of which must be fully completed prior to submission

**Name of Registered Charity** \_\_\_\_\_

**Attach proof of status as Registered Charity as defined in S. 248(1) of the Income Tax Act**

**(indicate type of document)** \_\_\_\_\_

**Revenue Canada Charitable Registration Number**

**Property Address** \_\_\_\_\_

**Name of Contact** \_\_\_\_\_

**Mailing Address (if different from above)** \_\_\_\_\_

**Telephone No.** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Annual Property Taxes Paid This Year**

\$ \_\_\_\_\_ **"A"**

*This amount should agree to Amount A on Property Owner Declaration*

**Organization's Share of Rentable Space of Property**

\_\_\_\_\_% **"B"**

*This amount should agree to Amount B on Property Owner Declaration*

I certify that the above information is true, correct and complete. I authorize the release by third parties of all information the Regional Treasurer or Local Treasurer may require to verify the accuracy of any information submitted with this application. I also acknowledge that I must inform the Local Municipality of any changes in the above which affects my eligibility for a rebate.

Signature of Signing Officer \_\_\_\_\_

Name and Title of Signing Officer \_\_\_\_\_

Date \_\_\_\_\_

Personal information is collected on this form per Halton Region By-law Nos. 120-98, 75-01 and 48-03 and will be used to determine eligibility for property tax rebates for registered charities.

If you have questions, contact Tax Policy staff at,  
The Regional Municipality of Halton,  
1151 Bronte Road,  
Oakville, Ontario  
L6M 3L1  
(905) 825-6000 ext 7101

### Submit the request to your Local Municipality:

#### City of Burlington

426 Brant Street  
PO Box 5013  
Burlington ON  
L7R 3Z6

**(905) 335-7777**

#### Town of Halton Hills

1 Halton Hills Drive  
Halton Hills, ON  
L7G 5G2

**(905) 873-2601**

#### Town of Milton

150 Mary Street  
Milton, ON  
L9T 6Z5

**(905) 878-7252**

#### Town of Oakville

1225 Trafalgar Road  
PO Box 310  
Oakville, ON  
L6J 5A6

**(905) 845-6601**

This property tax rebate program is pursuant to and governed by Halton Region By-law Nos. 120-98, 75-01 and 48-03.

# LANDLORD / PROPERTY OWNER DECLARATION

## FOR PROPERTY TAX REBATES FOR REGISTERED CHARITIES

This application is due **the last day of February** of the year following the taxation year to which the application relates.

**Name of Landlord / Owner** \_\_\_\_\_  
(please print)

**Mailing Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone No.** (\_\_\_\_) \_\_\_\_\_

**Assessment Roll No.** 24 \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Property Occupied by Registered Charity** \_\_\_\_\_  
(Full Address)  
\_\_\_\_\_

<b>Total Annual Property Taxes Payable on Assessed Property</b>	\$ _____
This amount should agree to Municipal tax notices	
<b>Total Annual Property Taxes charged to Charity this year</b>	\$ _____ "A"
<b>Registered Charity's Proportional Share of Rentable Space of Property</b>	_____ % "B"

I certify that the above information is true, correct and complete.

**Signature of Landlord / Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Landlord / Owner** \_\_\_\_\_

### FOR OFFICE USE ONLY

Local Municipality: \_\_\_\_\_ Application No.

Taxation Year For Which Rebate is Requested: \_\_\_\_\_ Date Application is received: \_\_\_\_\_

Charitable Status Verified: \_\_\_\_\_

Amount Eligible for Rebate 40% x "A" \_\_\_\_\_

Distribution of Rebate:

Local Municipality \$

Region of Halton \$

Education \$

Total \$

Approved by \_\_\_\_\_ Date \_\_\_\_\_