

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. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																

Landlord Declaration (To be completed by the landlord.)

Owner / Company Name as Reflected on the Lease (print) _____

Property Tax Roll Number

2	1	-						-									
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Property Class for Property Occupied by the Charity Commercial Industrial 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 _____
Print

Landlord or Property Manager _____
Signature

Date _____
MANDATORY

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 _____
Print

Title of Authorized Officer _____

Authorized Officer _____
Signature

Date _____
MANDATORY

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. _____	Due Date _____
Verification of Registered Charity Status	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
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.