

Area Municipality: OAKVILLE

Application #

Taxation Year For Which Rebate is Requested:

Application received: _____

APPLICATION FOR PROPERTY TAX REBATE

FOR REGISTERED CHARITIES OCCUPYING COMMERCIAL OR INDUSTRIAL PROPERTY

(please print and check off boxes as appropriate)

Please ensure that the Landlord / Property Owner Declaration on the reverse of this form is completed.

Name of Registered Charity _____

Attached 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 Area Treasurer may require to verify the accuracy of any information submitted with this application. I also acknowledge that I must inform the Area 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 _____

Commissioner for Taking Affidavits, etc. _____

Personal information is collected on this form per Halton Region By-law Nos. 120-98, 75-01 & 48-03 and will be used to determine eligibility for property tax rebates for registered charities. If you have questions, contact the Manager of Budgets, The Regional Municipality of Halton, 1151 Bronte Road, Oakville, Ontario, L6M 3L1, telephone (905) 825-6000.

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

**LANDLORD / PROPERTY OWNER DECLARATION
FOR PROPERTY TAX REBATES FOR REGISTERED CHARITIES**

Name of Landlord / Owner _____
(please print)

Mailing Address _____

Telephone No. () _____

Assessment Roll No. 24 ____ - ____ - ____ - ____ - ____

Property Occupied by Registered Charity _____
(Full Address)

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

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

Signature of Landlord / Owner _____ Date _____

Name of Landlord / Owner _____

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