

SCHEDULE 'B'

"AREA MUNICIPALITY NAME"

TAX REBATES FOR CHARITABLE ORGANIZATIONS

Application Form

Request for Tax Rebate for taxation year _____

Name of Organization:

Registration No.:

Address:

Telephone No.:

Contact Name:

Length of time at that Address:

Date of Occupancy if less than one year:

Previous Address if Occupancy is less than one year:

Mailing Address if different from above:

Name of Landlord:

Telephone No.:

Type of Lease:

Net Lease: _____

Gross Lease: _____

Please provide evidence of a), b), c) and d) for Net Lease and a), b), e) and f) for Gross Lease:

- a) Proof of status as an eligible organization;
- b) Non-Profits to provide most recent financial statement and copy of charter;
- c) Property taxes included in lease payments prior to 1998;
- d) Property taxes included in lease payments for current year;
- e) Monthly / annual lease payments prior to 1998;

f) Monthly / annual lease payments for current year;

Name:

Date:

Position:

Signature:

To be completed by Area Municipality Staff:

Property Tax per Square Foot:

Amount of Tax Rebate:

Payment Dates & Amounts:

Name:

Date:

Position:

Signature: