

The City of Vaughan 2141 Major Mackenzie Drive Vaughan Ontario Canada L6A 1T1 Tel: 905-832-8502

Toll Free 1-844-832-2112

GUIDELINES FOR APPLICATION OF PROPERTY TAX REBATE FOR REGISTERED CHARITIES IN LEASED OR RENTED PREMISES

PLEASE READ AND FOLLOW THESE DIRECTIONS CAREFULLY.

Please ensure that all sections of pages 1 and 2 are fully completed.

A copy of Confirmation of Registration <u>must</u> be included. This is available by contacting Canada Revenue at 1-800-267-2384.

A copy of the lease agreement or a notice from the landlord indicating the portion of property taxes to be paid **must** be included.



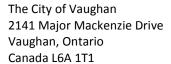
Application For	
• •	(year)

The City of Vaughan 2141 Major Mackenzie Drive Vaughan, Ontario Canada L6A 1T1

PROPERTY TAX REBATE FOR REGISTERED CHARITIES IN LEASED OR RENTED PREMISES

To receive a property tax rebate, if eligible, applications must be received by the Tax Office by February 28 of the following year.

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Please ensure that the Landlord / I	Property Owner Dec	claration on Page	2 is com	pleted.			
Name of Registered Charity							
Revenue Canada Charitable Registration Number		(Please Print)					
Name of Contact			(Please I	Print)			
Mailing Address			(1 rease 1				
Telephone No.	()	Fax: <u>(</u>)	Email:			
Annual Property Taxes Paid This Yea This amount should agree to Amount		Declaration		\$	"A"		
Organization's Share of Rentable Spa This amount should agree to Amount		Declaration		%	"B"		
I certify that the above information is	true, correct and comp	plete.					
Signature of Signing Officer							
Name of Signing Officer			(Please	Print)			
Title of Signing Officer							
Date							
Commissioner for Taking Affadavits,	etc.						
Charitable Status Verified	Offic	e Use Only					
Amount Eligible for Rebate (40%	x A)			\$			
	<u>Distributi</u>	on of Rebate					
\$	\$			\$			
Local Municipality	R	egion of York	-		lucation		
Approved By				Date			
	(Name)						
	/T:4lc\						
Rev 6/01	(Title)						





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

Name of Landlord / Owner					
Name of Landiold / Owner	(Plea	(Please Print)			
Mailing Address					
Telephone No.	()				
Assessment Roll No.	1928-000				
Property Occupied by Registered	d Charity	(Full Address)			
Total Annual Property Taxes Paya This amount should agree to Municip	= · ·	\$	-		
Total Annual Property Taxes char	ged to Charity this year	\$	"A"		
Registered Charity's Proportional	Share of Rentable Spaces of Property	%	"B"		
I certify that the above information	n is true, correct and complete.				
Signature of Landlord / Owner		Date			
Name of Landlord / Owner					