



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 **must** 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)

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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.

Please ensure that the Landlord / Property Owner Declaration on Page 2 is completed.

Name of Registered Charity _____
(Please Print)

Revenue Canada Charitable Registration Number _____

Name of Contact _____
(Please Print)

Mailing Address _____

Telephone No. () _____ Fax: () _____ Email: _____

Annual Property Taxes Paid This Year <i>This amount should agree to Amount A on Property Owner Declaration</i>	\$ _____	“A”
Organization’s Share of Rentable Space of Property <i>This amount should agree to Amount B on Property Owner Declaration</i>	_____ %	“B”

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

Signature of Signing Officer _____

Name of Signing Officer _____
(Please Print)

Title of Signing Officer _____

Date _____

Commissioner for Taking Affidavits, etc. _____

Office Use Only

Charitable Status Verified

Amount Eligible for Rebate (40% x A) \$ _____

Distribution of Rebate

\$ _____	\$ _____	\$ _____
Local Municipality	Region of York	Education

Approved By _____ Date _____
(Name)

(Title)



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

Name of Landlord / Owner _____
(Please Print)

Mailing Address _____

Telephone No. () _____

Assessment Roll No. 1928-000-____-____-____

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 Spaces of Property	_____ %	“B”

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

Signature of Landlord / Owner _____ Date _____

Name of Landlord / Owner _____