

**THE CORPORATION OF THE MUNICIPALITY OF WEST NIPISSING**

**SCHEDULE "B" TO BY-LAW 2012/50**

**REGISTERED CHARITY TAX REBATE APPLICATION**

**Assessment Roll Number (from landlord) 4852-\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_**

***Form must be received at the tax office by the last day of February of the year following the tax year to which the application relates.***

***SECTION 1***

|  |                    |
|--|--------------------|
| Calendar year for which Rebate applies:    |                    |
| Name of Applicant Charity:                 |                    |
| Contact Name:                              | Contact telephone: |
| Mailing Address:                           |                    |
|  | Postal Code:       |
| Address for which Rebate applies:          |                    |
|  | Postal Code:       |
| Canada Customs & Revenue Reg./Business No. |                    |
| <i>(Submit copy of Charter)</i>            |                    |

***SECTION 2***

**From the Landlord: (submit a letter from the landlord that supports the total actual amount of property taxes paid for the application year)**

Landlord or Property Manager name \_\_\_\_\_ Tel: \_\_\_\_\_

Property Class for property occupied by Charity \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

|   |            |         |
|---|------------|---------|
| Total Property Tax  | \$ _____   |         |
| Charity Property Tax amount in above Property Class<br><i>(receipt from owner/landlord of taxes paid)</i> | \$ _____   | (A)     |
| Rebate percentage   |            | 40% (B) |
| Rebate entitlement (A) + (B)  | \$ _____   | (C)     |
| Landlord or Property Manager Signature _____  | Date _____ |         |

**Charity Declaration**

I, the undersigned, hereby certify that the information is true and complete to the best of my knowledge and belief and authorize the Municipality to verify all information contained n this statement.

Name of Authorized Officer \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**"It is a serious offence to make a false statement"**

|  |   |             |
|--|---|-------------|
| For office use only                      | <b>4852-_____ - _____ - _____ - _____</b> |             |
| Verification of Commercial or industrial | _____ yes                                 | _____ No    |
| Verification of Registered charity       | _____ yes                                 | _____ No    |
| Actual Taxes paid                        | \$ _____                                  | Date: _____ |
| Estimate of rebate entitlement           | \$ _____                                  | \$ _____    |
| First installment (50%)                  | \$ _____                                  | _____       |
| Final Installment                        | \$ _____                                  | _____       |
| Balance payable (Recoverable)            | \$ _____                                  | _____       |
| Action taken: _____                      |   |             |
| By (print) _____                         | Date: _____                               |             |