



City of Kitchener

Tax Rebates for Charitable Organizations

Under the authority of the Regional Municipality of Waterloo

Bylaw 98-049, as amended

**Financial Services Department
Revenue Division
200 King Street West
P.O. Box 1113
Kitchener, ON. N2G 4R6**

REVISED

APPLICATION FORM

Request for Tax Rebate for taxation year

(applications are to be submitted between January 1 of the taxation year and February 28th of the following year)

Name of Organization:

Charitable Registration No:

Property Roll No:

3012 _____ 0000

Contact Name:

Property Address:

Telephone No:

() - _____

Length of time at that address:

Mailing address if different:

Date of occupancy if less than one year:

Previous address if occupancy is less than one year:

Name of Landlord:

Telephone No:

() - _____

Address of landlord:

Type of Lease (Please check one) Net Lease _____ Yearly Lease Payments \$ _____
 Gross Lease _____ Yearly Lease Payments \$ _____

**PLEASE PROVIDE EVIDENCE OF a), b), c), and d),
 FOR NET LEASE or a), b), c), d) and e) FOR GROSS LEASE**

a) Proof of status as an eligible organization; not for profits to provide most recent financial statement for the organization along with a copy of your charter;

b) Square footage of space occupied by eligible organizations; approximate percentage of the building occupied by the eligible organization

c) Location within the building;

d) Property taxes included in lease payments for the year of the application; \$ _____

Please ask your landlord to complete the confirmation below stating the property tax amount paid by the organization.

e) Notice from your landlord of additional payments required;

PLEASE NOTE THAT YOUR COMPLETE APPLICATION MUST INCLUDE ALL THE SUPPORTING DOCUMENTS MENTIONED ABOVE OTHERWISE IT WILL BE RETURNED UN-PROCESSED.

Name: _____
 (Please Print)

Position: _____

Signature: _____

Date: _____

Confirmation by the Landlord

1. Property taxes for the year _____ for the above listed property had been paid in full by the charitable organization _____.

2. Roll number for the above property : 3012 _ _ _ - _ _ _ - _ _ _ - 0000

3. Total space occupied and leased by the charitable organization : _____ sq. ft.

4. Gross lease area under the Tax Roll: _____ sq. ft.

5. Tenant's proportionate share of property taxes: \$ _____

 Name of the Landlord
 (Please Print)

 Signature & Date