

**For Registered Charities Occupying Commercial and/or Industrial Property**

Your form must be **received** at the tax office by the **last day of February** of the year following the taxation year to which the application relates

Calendar Year For Which Rebate Applies	
Name of Registered Charity	
Contact Name	
Charity's Mailing Address	Postal Code
Contact Telephone No.	Contact E-Mail Address
Address For Which Rebate Applies	Postal Code
Length of Occupancy at Present Address	
Canada Customs and Revenue Agency Registration/Business No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**Landlord Declaration** (To be completed by the landlord.)

Owner / Company Name as Reflected on the Lease (print) _____	
Property Tax Roll Number	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Property Class for Property Occupied by the Charity	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial
Total Annual Property Taxes Payable	\$ _____
Total Annual Property Taxes Charged to Charity (do not include GST)	\$ _____
Charity Proportionate Share of Rentable Space of Property	_____ %
*Please note: If Charity's length of occupancy at present address is less than one (1) year, complete below:	
From _____	To _____
I, the undersigned hereby certify that the information is true and complete.	
Landlord or Property Manager Name _____	Print
Landlord or Property Manager _____	Date _____
Contact Telephone No. _____	Contact E-Mail Address _____

**Charity Declaration** (To be completed by the charity.)

I, the undersigned hereby certify that the information is true and complete to the best of my knowledge and belief.	
Name of Authorized Officer _____	Print
Title of Authorized Officer _____	
Authorized Officer _____	Date _____
Contact Telephone No. _____	Contact E-Mail Address _____

**For Office Use Only**

Verification of Property Commercial or Industrial	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Roll No. _____
Verification of Registered Charity Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	Due Date _____
Total Annual Property Taxes	\$ _____	
Paid by Charity	\$ _____	
Rebate Entitlement (40%)	\$ _____	
Recalculation	\$ _____	
Balance Payable (Recoverable)	\$ _____	
Vacancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Appeal(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year(s) _____	

Completed By \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

**Notice with Respect to the Collection of Personal Information**

Personal information on this form is collected under the authority of the Municipal Act 2001, SO 2001, c. 25 and will be used to process your Charity Rebate Application. Questions about the collection of this personal information only should be directed to the Manager, Revenue and Taxation, Revenue and Materiel Management Division, City of Mississauga, 300 City Centre Drive, Mississauga, Ontario, L5B 3C1

Please telephone the Tax Office at 3-1-1 or 905-615-4311 (outside city limits)