

Charity Tax Rebate Application

City of Mississauga
Finance Division
300 City Centre Drive, 4th Floor
Mississauga, Ontario L5B 3C1
Tel: 3-1-1 or *905-615-3411 *outside City limits
FAX: 905-615-3972
www.mississauga.ca/tax
Email: tax@mississauga.ca



Personal information on this form is collected under the authority of 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 should be directed to the Customer Service Advisor at the City's Citizen Contact Centre. Email: Public.Info@mississauga.ca or Telephone: 311 (905-615-4311 outside City limits).

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 Rebate Applies	Name of Registered Charity		
<input type="text"/>	<input type="text"/>		
Address for which Rebate Applies	Unit(s)	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Name	Contact Phone No.	Contact Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Length of Occupancy at Present Address	Charity's Mailing Address		Postal Code
<input type="text"/>	<input type="text"/>		<input type="text"/>
Canada Customs and Revenue Agency Registration/Business No.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Landlord Declaration (to be completed by the Landlord)

Registered Owner/Company Name (print)

Property Tax Roll Number
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Property Class for Property Occupied and Used by the Charity
 Commercial Industrial

Total Annual Property Taxes Payable \$

Total Property Taxes Paid by 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 (YYYY MM DD) To (YYYY MM DD)

I, the undersigned hereby certify that the information is true and complete. I understand false or deceptive statements may nullify eligibility and require repayment of the rebate.

Landlord or Property Manager Name (print)	Landlord or Property Manager Signature	Date (YYYY MM DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Telephone No.	Contact Email Address	
<input type="text"/>	<input type="text"/>	

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. I understand false or deceptive statements may nullify eligibility and require repayment of the rebate.

Name of Authorized Officer (print)	Title of Authorized Officer	Signature of Authorized Officer
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Email Address	Contact Phone No.	Date (YYYY MM DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>

The applicant agrees that the charity rebate is subject to the Municipal Act, 2001 and the Regional Municipality of Peel By-law Number 72-2007 (Regional tax rebate to registered charities by-law), as amended. Any changes to the property's assessment for the taxation year for which this application is made, will result in a recalculation of the rebate amount.

For Office Use Only

Verification of Property Commercial or Industrial	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification of Registered Charity Status	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Annual Property Taxes	\$ <input type="text"/>
Paid by Charity	\$ <input type="text"/>
Rebate Entitlement (40%)	\$ <input type="text"/>
Recalculation	\$ <input type="text"/>
Balance Payable (Recoverable)	\$ <input type="text"/>
Appeal(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year(s) <input type="text"/>
Completed By	Date (YYYY MM DD)
<input type="text"/>	<input type="text"/>