



## 2018 Tax Relief Application for Registered Charitable Organizations

**CONFIDENTIAL**

All applications must be filed with our Office no later than 4:30 pm on the last day of February 2019.

**Charitable Organization (one application required per address)**

Name of Organization \_\_\_\_\_  
 Revenue Canada Charitable Registration Number (ie.BN xxxxx xxxx RR0001) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Fax No. \_\_\_\_\_ Applicant Name \_\_\_\_\_  
**I have the authority to bind this Charitable Organization and to certify that the information contained herein is true and correct.**  
 Title \_\_\_\_\_ Signature: \_\_\_\_\_ Date(dd/mm/yy) \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Property Occupied** (by the above mentioned Charitable Organization)

Original Date of Occupancy (dd/mm/yy) \_\_\_\_\_ **Lease Expiry/Renewal Date** (dd/mm/yy) \_\_\_\_\_  
 Street Address and unit no. \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Area Occupied by applicant in sq. ft.: \_\_\_\_\_ Total rentable area in sq. ft.: \_\_\_\_\_  
**As " Tenant "**  are you sub-leasing space?  or occupying sub-leased space  
 If yes, to or from whom \_\_\_\_\_ part of space occupied in sq. ft.: \_\_\_\_\_  
**Monthly rent (including portion of property taxes) \$** \_\_\_\_\_ **Monthly proportionate share of Property taxes \$** \_\_\_\_\_  
 (Note: The above property tax figures must not include other fees such as HST, Common Charges etc...)  
 Anticipated move in Y 2018,  Yes  No If yes, to where & when \_\_\_\_\_  
**Owner Occupied** - As Charitable Organization are you occupying the whole complex  Yes  No  
 If not, how much leasable space is occupied by other(s) in sq. ft.: \_\_\_\_\_  
 & by whom: \_\_\_\_\_

**Landlord (Data) Confirmation** (information within the above mentioned **Property Occupied** section is accurate)

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone no. \_\_\_\_\_ Fax no. \_\_\_\_\_  
 Is the above tenancy under a  Gross Lease  or Net Lease Agreement?  
 Title \_\_\_\_\_ Signature/Confirmation \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_  
**I have the authority to certify that the Leased Property information contained herein is true and correct.**

**Additional Information required :**

**Recent copy of Revenue Canada's Confirmation of Registration Number. You may print a current copy of your organizations [Canadian Registered Charities - Detail page online.](#)**  
 **Copy of Head Lease and/or Sub-Lease agreement**  
 **Copy of the Property Tax Bill**  
 RETURN TO : The City of Ottawa, 100 Constellation Drive, 4th floor east, Ottawa, Ontario K2G 6J8, Attention: Charitable Rebates or email at e-mail: [charitablerebates@ottawa.ca](mailto:charitablerebates@ottawa.ca)

**If any Benefits received from this application were accepted under false pretense, the total amount shall be revoked and recovered by whatever means deemed necessary by the municipality. Personal information on this form is collected under the authority of section 361. of the Municipal Act.**

Questions regarding this program, call the City of Ottawa - Revenue Branch 613-580-2444, e-mail: [charitablerebates@ottawa.ca](mailto:charitablerebates@ottawa.ca)

<b>FOR OFFICE USE ONLY</b>	
Roll Number: <b>0614-</b> _____	File No. _____