**APPLICATION DEADLINE**

Forward your application on or before **June 30, 2024** to:

* Mail or in person: Collections Division, City Hall, 32315 South Fraser Way, Abbotsford BC V2T 1W7
* Email: [pte@abbotsford.ca](mailto:pte@abbotsford.ca)

Late applications will **NOT** be accepted.

**REQUIREMENTS**

Applications must be submitted using this form. The following items must be submitted with the application:

* Confirmation of charity status per CRA website (<https://apps.cra-arc.gc.ca/ebci/hacc/srch/pub/dsplyBscSrch?request_locale=en> - OR –current year Certificate of Good Standing as registered society per BC Registry Services
* Financial Statements for most recent fiscal year (signed by auditors or Treasurer)
* Financial Budget (Income Statement and Balance Sheet if the latter is prepared) for current 12 months
* Scale drawing of property: (i) building floorplan (including, use of space), and (ii) property overview of secondary buildings, parking lots, playgrounds, fields, etc.

Only complete applications, with all supporting documentation, will be processed. Additional information may be requested, as deemed necessary.

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Application Date: |  |
| For Taxation Year: | **2025** |
| Charity Registration Number: |  |
| Society Registration Number: |  |

1. Full Name or Title of Organization:

1. Mailing Address of Organization:

1. Civic Address of Property; if different than mailing address:

1. Property Legal Description: Folio / Roll # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: each property requires a separate application**

1. Contact Person (Name and Title):

Telephone(s): E-mail:

*(preferred communication method)*

**ENTRY CRITERIA**

1. Is the organization the registered owner of the property?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes | |  | |  | | | | | | |
|  |  | |  | |  | | | | | | |
|  | No | | – | | Is the organization a lessee under a lease that requires payment of property taxes to the City of Abbotsford? | | | | | | |
|  | | Yes | | | – | | Attach copy of lease agreement | | | |
|  | |  | | |  | |  | | | |
|  | | No | | | – | | Do you lease from the City of Abbotsford? | | | | |
|  | | Yes | | – | Attach copy of lease agreement | | | |
|  | |  | |  |  | | | |
|  | | No | | – | Not eligible for permissive tax exemption | | | | |

1. Is the organization in compliance with all municipal policies, plans, bylaws and other applicable regulations (i.e. business licensing, permits, and zoning)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  |  |
|  |  |  |  |
|  | No | – | Please explain: |

**Independent Schools**

1. Is the organization receiving a statutory exemption as an independent school under *Community Charter*

section 224(h.1)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No | – | Not eligible for permissive tax exemption |
|  |  |  |  |
|  | Yes | – | Is property zoned either P2 (Parks, Open Space and Schools) or P3 (Assembly), as set out in the |
|  |  |  | City’s *Zoning Bylaw, 2014*? |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  |  |
|  |  |  |  |
|  | No | – | Not eligible for permissive tax exemption | |

1. Indicate the type of institution:

|  |  |
| --- | --- |
|  | Elementary school |
|  |  |
|  | Secondary school (includes middle schools) |

1. How large, in acres, is your property?

Acres

**Places of Worship**

1. Is the organization receiving a statutory exemption as a place of worship under *Community Charter*

section 224(f)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No | – | Not eligible for permissive tax exemption |
|  |  |  |  |
|  | Yes |  |  |

1. Is the organization a registered charity or society that is active and in good standing?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No | – | Not eligible for permissive tax exemption |
|  |  |  |  |
|  | Yes | – | Provide confirmation of charity status (CRA), or current year Certificate of Good Standing (BC Registry Service) |

1. Describe how your hall is necessary to the place of worship (i.e. used for education, small groups, child care)

|  |
| --- |
|  |

1. How large, in acres, is your property?

Acres

**OTHER SUPPORTING DOCUMENTATION**

1. Does the organization have any third-party agreements, including rentals or leases allowing for use of the building(s) or parking lot(s), or portions thereof? (i.e. daycare, for-profit business, or other not-for-profit organization leasing or renting space)

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  |  |
|  |  |  |  |
|  | Yes | – | Please indicate the following: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of third-party organization** | **Type of activity** | **Area (sq.ft.) of premises used** | **Exclusive Use (Yes/No)** | **Fees charged** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Does anyone live in any of the building(s)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  |  |
|  |  |  |  |
|  | Yes |  |  |

**Terms of Application**

I understand that additional information may be requested prior to consideration of this application for a permissive tax exemption.

I understand that if this application is approved in full or in part for the year, it is our organization’s responsibility to complete a comprehensive application or renewal application (as determined by the City of Abbotsford), submitting on or before **June 30 of each year** to be considered for future permissive tax exemptions.

I understand that any permissive tax exemptions given for the current tax year are not indicative of permissive tax exemptions to be awarded in future years.

I understand that it is our organization’s responsibility to contact the City of Abbotsford if any changes occur with respect to ownership or principal use of property.

**Certification**

I certify that I am a current board member of this organization and that the information provided in this application and supporting documentation is true and accurate to the best of my knowledge.

**Name: Signature:**

**Position: Date:**

*Knowingly submitting an application or information that is not true or accurate will result in loss of eligibility.*