**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

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)*

1. Have any of the following circumstances changed with your organization since you last completed a comprehensive or renewal application:

**All Organizations**

|  |  |  |
| --- | --- | --- |
| Changes in registered owner of property? | □ Yes | □ No |
| Changes in lease agreement? | □ Yes | □ No |
| Changes in registered society or charity status? | □ Yes | □ No |
| Changes in principal property use? | □ Yes | □ No |
| Changes in dimensions of the property or improvements built on the property? | □ Yes | □ No |
| Changes in compliance with municipal policies, plans, bylaws and other applicable regulations? | □ Yes | □ No |
| Changes in third-party agreements? | □ Yes | □ No |
| Changes in persons living in any of the buildings on property? | □ Yes | □ No |

**Places of Worship and Independent Schools**

|  |  |  |
| --- | --- | --- |
| Changes in statutory exemption received under *Community Charter* section 224? | □ Yes | □ No |

**Not-for-Profits, and Athletic/Service Clubs**

|  |  |  |
| --- | --- | --- |
| Changes in organization’s mission or goals and objectives? | □ Yes | □ No |
| Changes in availability of services and programs to all residents of Abbotsford? | □ Yes | □ No |
| Changes in services or programs offered? | □ Yes | □ No |
| Do your services or programs compete with local businesses? | □ Yes | □ No |
| **[Not-for-Profit only]** Changes in percentage of services or programs provided to residents of Abbotsford? | □ Yes | □ No |
| If yes, provide percentage of total services and programs used or received by residents of Abbotsford: \_\_\_\_\_\_\_\_\_\_\_\_% |  |  |

**Housing and Community Care Facilities**

|  |  |  |
| --- | --- | --- |
| (Short-term Housing only] Changes in length of stay of residents to greater than three years? | □ Yes | □ No |
| [Short-term Housing only] Changes in first or second stage housing rent? | □ Yes | □ No |
| Multi-Unit Housing only] Changes in agreements with Ministry of Children and Family Development or Xyolhemeylh?  [Multi-Unit Housing only] Changes in percentage of building designated for youth housing? | □ Yes | □ No |
| [Group Homes only] Changes in group home housing for persons with mental/physical/developmental disabilities? | □ Yes | □ No |
| [Community Care only] Changes in licensing under the Hospital Act or Community Care and Assisted Living Act?  [Community Care only] Changes in daily living assistance services in Community Care Facilities? | □ Yes | □ No |
| [Community Care only] Changes in type of housing provided in Community Care Facilities? | □ Yes | □ No |
|  |  |  |

If Yes to any of the questions above, please explain below:

|  |
| --- |
| Max 600 characters |

**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 exemption 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.*