

Comprehensive Permissive Tax Exemption Application Not-for-Profit Organization, Athletic/Service Club or Community Care Facility

1 Year Application (2025)

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

Late applications will NOT be accepted.

REQUIREMENTS

Applications must be submitted using this form. The following items <u>must be</u> submitted with the application:

- Confirmation of charity status per CRA website (<u>-https://apps.cra-arc.gc.ca/ebci/hacc/srch/pub/dsplyBscSrch?request_locale=en</u> OR current year Certificate of Good Standing as a registered society per BC Registry Services
- · Registered Charity Information Return submitted to the CRA for most recent fiscal year
- Financial Statements for most recent fiscal year (signed by auditors or Treasurer)
- Financial Budget (Income Statement and Balance Sheet if 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.
- Itemized listing of services, programs and donations provided by the organization

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 Organiz	ation:
2. Mailing Address of Organiza	ion:
3. Civic Address of Property; if	lifferent than mailing address:
	Folio / Roll #a separate application
5. Contact Person (Name and	itle):
Telephone(s):	E-mail:
Property Tax & Utilities	32315 South Fraser Way, Abbotsford, BC, V2T 1W7 T : 604.864.5522 F : 604.8

(preferred communication method)

ENTRY CRITERIA

1.	Is the organization a registered charity or society that is active and in good standing?
	Yes – Provide confirmation of charity status (CRA), or current year Certificate of Good Standing (BC Registry Services)
	No - Not eligible for permissive tax exemption
2.	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:
3.	Is the organization the registered owner of the property?
J.	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
4.	Are the organization's services or programs equally available to all residents of Abbotsford? Any restrictions must be within the framework of the <i>Constitution Act, 1982, Canadian Charter of Rights and Freedoms</i> .
	Yes
	No - Not eligible for permissive tax exemption
5.	Nature of organization, please select boxes that apply to your organization:
	□ Athletic club or association
	□ Charitable, philanthropic or other not for profit corporation
	 Community Care Facility [Note: Residential Care and Assisted Living Facilities for Seniors are not eligible for permissive tax exemption]
	Croup home(s) providing supportive convises to people with montal/physical/developmental disabilities. Croup home(s) providing supportive convises to people with montal/physical/developmental disabilities.
	 Group home(s) providing supportive services to people with mental/physical/developmental disabilities Multi-unit housing for youth
	□ Preservation of wildlife, environment or domestic animal shelter
	□ Recreational facility or grounds or park space
	□ Service club or association
	□ Social services, such as food banks, drop-in centers for people with special needs, seniors, or youth
	 Support services and programs for people with special needs, who are in some way disadvantaged and need assistance in maximizing their quality of life; such as counseling for substance abuse or employment re-entry programs
	□ Short-term housing
	□ Other, describe below:

6. Briefly describe your organization's primary goals and objectives, including your mission or vision statement.

ot-for-Profit Organizations			
Does the organization provide services or programs portion of your property used for commercial activities	-	with other loca	ll businesses? Is any
No - The property is used entirely for not-for- Yes - Please indicate the following:	-profit activities		
Type of activity		Area (sq.ft.) of	
(a) Total annual operating budget for your organizat (b) Total annual operating budget for services or pro-		tsford: \$	
Does the organization provide services or programs programs, and identify the percentage of total servicused or received by residents of Abbotsford.			
No - 100% of services or programs benefit the Yes - Please indicate the following:	ne residents of Abbotsfo	ord	
Services or programs (please describe)	% of Services or Probenefiting residents Abbotsford*	outside of	% of Services or Progran penefiting residents of Abbotsford*

^{*}The total of the percentages in these two columns must add up to 100%.

Short-term Housing (if applicable)

1.	Is the maximum length of stay allowed at the housing facility greater than three years? Yes - Not eligible for permissive tax exemption No
2.	Please select the housing type that applies: First Stage Housing: Emergency Shelters Extreme Weather Emergency Shelters Youth Safe Houses First Stage Transition Housing Other
	Second Stage Housing: □ Transitional Housing □ Recovery Homes □ Supportive Housing (Homelessness) □ Other
2.	For First Stage Housing, is rent collected on the residence? Yes - Not eligible for permissive tax exemption No
3.	For second stage housing, if rent is collected is it supported by income assistance? Yes No - Please Explain:

Multi-Unit Housing for Youth (if applicable)

1. Is the housing facility for youth under the care of the Ministry of Children and Family Development (MC Xyolhemeylh, or under an agreement with MCFD?		
	Yes No – Not eligible for permissive tax exemption	
2.	Identify the percentage of the building (square footage) used for youth hou	sing:
	Area (sq ft) of premises used for housing	% of total premises used for youth housing
Gre	oup Homes (if applicable)	
1.	Is the group home for persons with mental/physical/development disabilitie Yes - Please list below the types of support services provided to re No - Not eligible for permissive tax exemption	
	Support Services (please describe)	
Co	mmunity Care Equility (if applicable)	
2.	mmunity Care Facility (if applicable) Is the organization licensed under the Hospital Act or the Community Care	and Assisted Living Act?
۷.	Yes - Please list below the license(s) held by the organization No - Not eligible for permissive tax exemption	and Assisted Living Act:
	Type of license (please describe)	

3.	Is assistance with daily living provided to residents of the facility? Yes
	No – Not eligible for permissive tax exemption
4.	Please select the housing type that applies: Community Residential Care Facility for Persons with Disabilities Group Home for Adults with Mental/Physical Challenges or Development Disabilities Hospice Care Other
Αt	hletic Clubs or Associations (if applicable)
1.	Are the organization's services or programs widely available within the City? Yes
	No – Not eligible for permissive tax exemption
2.	Is your organization competing against other local businesses providing the same recreational services or programs?
	Yes – Not eligible for permissive tax exemption
	No
	OMMUNITY SUPPORT CORE CHECKLIST Who benefits from your organization's services or programs?
2.	Explain how your organization has the support of the Abbotsford community.

 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

3.	For organizations that do not provide housing or community care facilities, 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.		