Application for Provincial Property Tax Exemption for Not-for-Profit Low Rental Housing

Name of Organization: ____________________________________________________________

1st Contact Person: __________________________ Telephone #: __________________________
E-mail Address: _________________________________________________________________

2nd Contact Person: __________________________ Telephone #: __________________________
E-mail Address: _________________________________________________________________

Mailing Address: _________________________________________________________________
Business Registry #: ____________________________________________________________

1. a.) Is the above organization the assessed owner for property tax purposes? Yes ☐ No ☐
    b.) If no, please provide name and address of the assessed owner below:

2. Is the organization a not for profit company? Yes ☐ No ☐

3. Does the organization provide low rental, including rent-to-own, housing accommodation? Yes ☐ No ☐

4. Except for reasonable expenses incurred in the performance of their duties, do the directors or officers of the organization serve without remuneration for their position? Yes ☐ No ☐

5. a.) Are there portions of the properties listed in this application used for commercial purposes or not used to provide non-profit low rental housing? Yes ☐ No ☐
    b.) If yes, please attach details.

6. a.) Are there portions of the properties listed on this application under construction this year? Yes ☐ No ☐
    b.) If yes, please indicate construction commencement and completion dates.

7. Please provide:
   (A) Listing of property account numbers (PANs) with address and relevant rental data.
   (B) Most recent statement of income and expenses.
   (C) Photocopies of articles of incorporation, if applicable.

Return complete information to: Social Development
                              Housing & Homelessness
                              551 King Street, 2nd Floor
                              Fredericton, N.B.
                              E3B 1E7

I understand the above information may require verification and grant the Province access to the above organization’s properties, books, records and accounts upon their request. I also agree to immediately notify the Department of Social Development and the Executive Director of Assessment with Service New Brunswick of any change in the size or use of the above organization’s properties.

Signature of applicant: ___________________________________ Date: __________________________

Name of Applicant: __________________________________________ Telephone: _____________________

Title of Applicant: __________________________________________

For Office Use Only

☐ Approved ☐ Not Approved ☐ Portion Not Approved

Approved by: ____________________________________________

Director of Community and Individual Development

PAN #s for portion of property not approved ______________________________________________________
________________________________________________________
________________________________________________________