



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

Name of Organization: _____

1st Contact Person: _____ Telephone #: _____

E-mail Address: _____

2nd Contact Person: _____ Telephone #: _____

E-mail address: _____

Mailing Address: _____ Corporate Affairs Reference #: _____

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 that has an operating agreement in place with Social Development/CMHC? Yes No

3. Does the organization provide rents based on tenants' income, 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 addresses and rents in place, along with bedroom count and occupancy dates.
 - (B) Most recent statement of audited income and expenses.
 - (C) Photocopies of articles of incorporation, if applicable.

Return completed 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 Property Assessment Services of 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 Housing & Homelessness

PAN #s for portion of property not approved _____
