



Renewal 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 #: _____

Has the information in the questions 1 to 6 changed from the initial application? Please circle the answer YES NO

If YES, please make the necessary changes below. If NO, go to question 7.

- 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, not used to provide non-profit low rental housing or unoccupied? 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 the rents in place, along with bedroom count.
(B) Most recent statement of audited income and expenses.
(C) A copy of the Service New Brunswick Annual Return (Form 35.1) for the most recent year. (Co-operatives submit Annual Return - Form 1).

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: _____