



Application for Property Tax Exemption

For a property used in connection with senior citizen lodge accommodations to be considered only under MGA Section 362(1)(m)

THE CITY OF CALGARY ASSESSMENT BUSINESS UNIT (8002) P.O. BOX 2100, STN.M CALGARY, AB T2P 2M5
PH: 403.268.2888

In completing this application, it may be necessary to provide certain answers in an attachment, if sufficient room is not available. Please clearly mark your attachments with the section and question numbers you are answering. Thank you.

I. PROPERTY INFORMATION

1. Name of property owner		
2. Mailing address of property owner	Tel	Fax
3. Address of property for which exemption is requested		
4. A) Does the seniors' accommodation occupy <input type="checkbox"/> the entire property <input type="checkbox"/> portion of the property		
B) For exactly how many square feet on this property is "exempt from taxation" status being requested? _____ Sq. Ft.		
5. Is there a lease, license or permit in place that confirms the portion of the property occupied by the seniors' accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide a copy.		
6. For what specific purpose is the above property used (e.g. administration, fund raising, recreation, meeting rooms, etc.)? Please ensure a graphical map of the area is also included as requested in Section VII (6) of this application form. This map must clearly describe the area for which exemption is requested, as well as the uses that take place on separate parts of this area.		
7. Will the seniors' accommodation be located at this location from January 01 to December 31 during the taxation year the exemption applies to? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the lease requested in question #5 confirm occupancy and termination dates? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please provide occupancy and termination dates.		
8. Is any portion of the area described in question #6 occupied or used by another organization or individual? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide details.		
9. In what type of buildings is the senior accommodation located? <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Residential <input type="checkbox"/> Special Use <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please Specify)		

II. BUSINESS PREMISES INFORMATION

1. Name of Business Owner (organization applying for exemption)			
2. Mailing Address of Business Owner	City	Province	Postal Code
3. Address of requested exemption premises			Business Identifier

III. SENIORS ACCOMMODATION INFORMATION

1. Name of seniors' accommodation holding and using the facility for which exemption from taxes is requested.
2. Seniors' accommodation's objectives/purposes.
3. Is the management body of the seniors' accommodation registered under the <i>Alberta Housing Act</i> , or a foundation established before 1994, as defined in the former <i>Senior Citizen's Act</i> (RSA 1980)? <input type="checkbox"/> YES <input type="checkbox"/> NO Please provide a copy of the certificate of registration.
4. A) Does the seniors' accommodation receive funding from external sources? <input type="checkbox"/> YES <input type="checkbox"/> NO B) Does the seniors' accommodation units meet the definition of "lodge accommodation" as stated in the <i>Alberta Housing Act</i> ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes to either A) or B), please provide details in an attachment.
5. Has a property occupied by the seniors' accommodation received an exemption in previous years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, was it for this property? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please provide the address(es) of your other exempt location(s) - Is the organization still occupying space at this location(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please provide the date the organization moved out - _____

IV. RETAIL COMMERCIAL, LICENSED AREAS

1. Are any goods, food beverages or services sold from this location? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, go to question #6. If yes, please note that this area is termed a "retail commercial area".				
2. Specifically, what goods or services are sold from the retail commercial area?				
3. Who operates and occupies the retail commercial area? <input type="checkbox"/> The non-profit organization making this application <input type="checkbox"/> Other organization or individual – please name _____				
4. If the organization is the operator of this area, for what purpose is the net income from the retail commercial area used?				
5. Are the goods or services provided in the retail commercial area in the facility similar to goods or services provided by other organizations or businesses? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide a list of these organizations or businesses.				
6. Is an area within the facility licensed under the Alberta Gaming and Liquor Regulation AR (143/96)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify and supply a copy of the licence.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">GAMING</td> <td style="width: 50%; text-align: center;">LIQUOR</td> </tr> <tr> <td style="text-align: center;">Class _____ Area _____ Sq.Ft.</td> <td style="text-align: center;">Class _____ Area _____ Sq.Ft.</td> </tr> </table>	GAMING	LIQUOR	Class _____ Area _____ Sq.Ft.	Class _____ Area _____ Sq.Ft.
GAMING	LIQUOR			
Class _____ Area _____ Sq.Ft.	Class _____ Area _____ Sq.Ft.			

V. CONTACT INFORMATION

Contact Name	Position With Organization	Telephone	Facsimile
Preferred Mailing Address	City	Province	Postal Code Email
Organization's President		Telephone	
Organization's Treasurer		Telephone	

VI. OTHER REQUIRED INFORMATION

- Copy of certificate of registration under the *Alberta Housing Act*
- Current applicable lease, licence or permit
- Plan showing the uses of specific areas that clearly outline:
 - a. any separate areas and the different purposes for which they are used (e.g. the exempt purpose use, office storage, common area);
 - b. the “retail commercial area” if there is one; and
 - c. the Gaming and/or Liquor licensed area, if there is one.

A hand drawn graphic plan is acceptable.
- If leased, letter from property owner to the seniors’ accommodation that confirms the property owner:
 - a. is aware of this exemption application;
 - b. understands that, if the property qualifies for exempt from taxation status, The City will determine the amount of taxes attributable to the “exempt from taxation” portion of the property based on methodology that may be different from that used by the landlord; and
 - c. agrees to pass on to the organization making this application the full benefit of any tax exemption extended as a result of this application.
- Additional information requested as part of any question posed on this application must also be supplied.
- Any available brochures, newsletters relating to your organization

Important Notice

Information requested for the Property Tax Exemption Application is pursuant to Section 295 of the Municipal Government Act (MGA) whereby failing to provide adequate information you may lose your right to file a complaint against the taxable status of your business. If you do not submit a complete Property Tax Exemption Application with supporting documentation, your property or business may be deemed taxable.

VII. ACKNOWLEDGEMENT AND CERTIFICATION

I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect and that all information required under Section VIII of this application is included. I understand that the application will only be considered at such time as the responses to the application’s questions are complete in every respect and that all additional information requested as part of the application’s questions, or in Section VIII, have been provided. I understand also that the application will only be considered under the “exempt from taxation” classification to which it refers.

Name (Please Print)	Date
Position	Signature

PLEASE RETURN THIS FORM TO:

**THE CITY OF CALGARY
 ASSESSMENT BUSINESS UNIT IMC: 8002
 CUSTOMER & GOVERNANCE SERVICES
 P.O. BOX 2100, STATION M
 CALGARY AB T2P 2M5
 PH: (403) 268-2888 OR EMAIL: Assessment.Exemptions@calgary.ca**

Information on this form and attachments is collected under the authority of the *Municipal Government Act s.295 RSA 2000, Community Organization Property Tax Exemption Regulation AR 281/98 s. 16, and the Freedom of Information and Protection of Privacy s.33(c) RSA 2000*. It will be used solely for the purpose of administrating the Tax Exemption Program of the City of Calgary Assessment. For information concerning the privacy of the information collected, please contact the Assessment FOIP Program Administrator at (403) 268-2888.