



# Application for Property Tax Exemption

For a property used in connection with *nursing home* purposes to be considered only under MGA section 362(1)(h)

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 non-profit organization holding and using the facility for which the exemption is requested.	Business Identifier (BID)
2. Address of property for which exemption is requested	
3. Name of property owner	
4. Address of property owner	
5. Telephone number of property owner	Email of property owner
6. A) Does the non-profit organization 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.	
7. A) Does your organization use a parking area on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No B) Please state the number of individual parking stalls or total size of your organization's parking area (square feet), and its purpose (e.g. customer parking, staff parking, etc.): Surface parking stalls _____ Purpose: _____ Underground parking stalls _____ Purpose: _____ Parking area _____ Sq. Ft. Purpose: _____ C) Does your organization lease or sub-lease parking spaces on this property to another party? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , please attach a current lease. D) Does your organization own or lease a parking area on another property to use in relation to this property? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , please attach a current lease or title.	
8. Is there a lease, license or permit in place that confirms the portion of the property occupied by the organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide a copy.	
9. 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 VIII (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.	
10. Will the non-profit organization be located at this address from January 01 to December 31 during the current taxation year? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the lease requested in question #7 confirm occupancy and termination dates? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please provide occupancy and termination dates.	

11. Is any portion of the area described in question #8 occupied or used by another organization or individual?  
 YES     NO  
 If yes, please provide details (e.g. copy of sublease(s))

12. In what type of buildings is the organization located?     Retail     Office     Residential  
 Special Use     Warehouse     Other (Please Specify) \_\_\_\_\_

**II. NURSING HOME INFORMATION**

1. Name of nursing home holding and using the facility for which exemption from taxes is requested

2. Nursing home's objectives/purposes

3. Act under which nursing home is registered. *Please provide copy of registration.*

4. A) Does the nursing home receive funding from external sources?     YES     NO  
 B) Is the nursing home operated under the administration of the *Nursing Home Act*?     YES     NO  
 C) Does the nursing home provide 24/7 care?     YES     NO  
 D) Is there an agreement between AHS and the nursing home     YES     NO

If YES to either one or all of the above, please provide details and or relevant documentation in an attachment.

5. Has a property occupied by the nursing home received an exemption in previous years?     YES     NO

If yes, was it for this property?     YES     NO

If no, please provide the address(es) of your other exempt location(s) -

Is the nursing home still occupying space at this location(s)?     YES     NO

If no, please provide the date the nursing home moved out - \_\_\_\_\_

**III. RETAIL COMMERCIAL, LICENSED AREAS**

1. Are any goods, food beverages or services sold from this location?     YES     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?  
 The non-profit organization making this application  
 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?     YES     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)?     YES     NO  
 If yes, please specify and supply a copy of the licence.

GAMING			LIQUOR		
Class _____	Area _____	Sq.Ft.	Class _____	Area _____	Sq.Ft.

#### IV. CONTACT INFORMATION

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

#### V. OTHER REQUIRED INFORMATION

- Copy of certificate of registration under the *Nursing Homes Act*
- Copy of letter from Alberta Health acknowledging registration under the *Nursing Homes 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 nursing home 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 and Business 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 property or business. If you do not submit a complete Property and Business Tax Exemption Application with supporting documentation, your property or business may be deemed taxable.**

## VI. 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](mailto: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.