

# Permissive Tax Exemption Application

## Introduction

The information provided in this application will be used in conjunction with documentation submitted and with reference to the Permissive Tax Exemption Guidelines to determine exemptions.

Please note:

- Council may request a presentation from applying organizations
- Exemptions are granted for one year only; organizations are required to submit an application annually
- City of Delta may request additional information
- City of Delta reserves the right to review records to verify information provided in support of an application
- Council may, at its discretion, reject any or all applicants in any given year
- Recipients of exemptions may be asked to publicly acknowledge the exemption

## Section 1: General Information

1. Name of Organization \_\_\_\_\_
2. Registered Owner Name (if different than above) \_\_\_\_\_
3. Property Address \_\_\_\_\_  
Folio Number \_\_\_\_\_
4. Mailing Address (if different than property address) \_\_\_\_\_
5. Contact person who can provide additional information about this application  
Name \_\_\_\_\_  
Position Title \_\_\_\_\_  
Telephone \_\_\_\_\_  
Mailing address \_\_\_\_\_  
E-mail address \_\_\_\_\_
6. Organization Executives  
President/Chairperson \_\_\_\_\_  
Vice President/Vice Chairperson \_\_\_\_\_  
Treasurer \_\_\_\_\_
7. Purpose of Organization (provide a brief description of the major programs/services/benefits delivered by your organization and the main user groups) \_\_\_\_\_  
\_\_\_\_\_
8. Date of Incorporation \_\_\_\_\_
9. Society Registration Number \_\_\_\_\_



10. Charitable Organization Number (if applicable) \_\_\_\_\_

11. Number of years in operation \_\_\_\_\_

12. List all licences held by the organization, (for example, licenses under the Community Care Facility Act, Hospital Act)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2: Organization Information**

1. How is your organization consistent with municipal policies, plans, bylaws, and regulations?

\_\_\_\_\_  
\_\_\_\_\_

2. How is your organization non-profit?

\_\_\_\_\_  
\_\_\_\_\_

3. How is your organization a complementary extension to Delta services and programs?

\_\_\_\_\_  
\_\_\_\_\_

4. What is the principal use of the property?

\_\_\_\_\_  
\_\_\_\_\_

5. Is any part of the buildings on the property used or rented by commercial or private operators or by any group other than your organization?

\_\_\_\_\_  
\_\_\_\_\_

6. Does anyone live in the buildings? If yes:

a. How many people \_\_\_\_\_

b. Square footage of living area \_\_\_\_\_

7. How is your organization accessible to the public?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How is your organization used primarily by Delta residents?

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9. a. The number of users of your service during the most recent fiscal year

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b. Of these users, specify the number who are residents of Delta

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10. Is the organization run by volunteers, paid staff or a combination?

a. Please state the number of volunteers and volunteer hours worked per year

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b. Please state the number of paid staff

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11. Other activities which may be pertinent to your application

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### Section 3: Financial Information

1. Please provide the following documentation:

- Most recent registered charity information return (T3010) or non-profit society returns (T2 and 1044)
- Audited Financial Statements for the most recent fiscal year
- Budget for current taxation year

**Note: Consideration will only be given to applicants providing adequate financial information.**

2. Please indicate all funding sources for your organization

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3. If your organization has received grants or tax exemptions in previous years from \_\_\_\_\_ the City of Delta, another municipality, other government or non-government organizations (for example, the Provincial Government, BC Housing, BC Rental Housing), please provide the following information:

Year	Funding Agency	Type of Grant	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Does any of this funding include provision for property taxes?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Did your organization receive a grant after March 31, 1974, under the Housing Construction (Elderly Citizens) Act before its repeal? If so, please state amount and date received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Provide information on pending applications for grants with municipalities, other government and non-government organizations

Funding Agency	Type of Grant Requested	Amount	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Provide information on income from rental or use of the building on the exemption property, or other portions of the land, for example meeting rooms or parking lots

Source of Income	Organization using Facility	Income Received per use	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Provide information on any other properties the organization owns and which provide revenue

Property	Annual Income
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the information provided in this application and the supporting documentation are true and accurate.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

To be considered for a Permissive Tax Exemption for the following year, please submit completed applications and associated documentation by **July 31** to:

Taxation Office  
City of Delta  
4500 Clarence Taylor Crescent  
Delta, BC V4K 3E2

For additional information, please contact the Taxation Office:

Telephone	604-946-3235
Fax	604-946-4029
E-Mail	taxation@delta.ca