



Provincial Treasury
Taxation and
Property Records

Application for Grant-in-Lieu of Property Taxes

Mail to:
PO Box 1150, Charlottetown, PE C1A 7M8
Tel: (902) 368 4169 Fax: (902) 368 6164

Deliver to:
95 Rochford Street
Shaw Building, 1st Floor, South
Charlottetown, PE C1A 3T6
or: any Access PEI Centre

Web site: www.taxandland.pe.ca

Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, and is used for the purpose of administering the Grants-in-Lieu of Property Taxes program. Questions on the collection and use of this information can be directed to the Tax Administration Supervisor at (902) 368 4161.

Attach copies of last year's financial statements for the organization.

Section A – Organization's Contact Information		
Name of Organization (please print):		
Contact Person:		
Mailing Address:		
City/Town/Village:		Postal Code:
Telephone: ()	Fax: ()	E-mail:

Section B – Officers	
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

Section C – Property Information	
Name of Registered Owner(s):	
Property Number:	Property Location:

Section D – Eligibility
1. Is the property owned by a non-profit organization? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does the registered owner(s) of the property own and occupy the property 12 months of the year? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no , please explain: _____

Section D – Eligibility (Continued)

3. What are the general aims of the organization which owns the property?

4. What use is made of the property by the organization?

5. List other organizations, groups or persons using the property, the frequency of use and the annual rent received.

<u>Name of groups or persons using property</u>	<u>Frequency of use (hours, days, months)</u>	<u>Annual rent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section E– Certification

I certify that the information contained in this application is fully and truly stated to the best of my knowledge and belief.

Date

Signature of Applicant

For Office Use Only

Application Status: Approved Denied Date: _____

Notification by: Mail Fax E-mail Telephone Not Required

Signature

Date