



APPLICATION FOR TAX BENEFITS
ASSESSMENT ACT

Assessment Reduction Program - Section 7.1 and 7.2,
Exemption from Taxation - Section 4,

Name of Organization _____

Mailing Address _____

Property Account _____ Property Location _____

Person to Contact _____ Telephone _____ Fax _____

E-mail _____ Federal Charitable Status Number _____

1. (A) Is the organization the assessed owner for property tax purposes?
(B) Does your organization occupy the entire property?
2. Describe the primary activities sponsored or hosted by the facility.
3. (A) Describe the nature of services provided by the organization and fees charged.
(B) Does the facility host or provide services to the youth, elderly, disabled, disadvantaged or local community free of charge? Describe.
4. Are any services restricted to club members only? Describe.
5. Do other non-profit organizations use the facility?
Are they charged a rental fee? If yes, attach list and fee schedule.
6. What portion of the organization's income is derived from donations? Donations include funds given in support of your organization by individuals, groups or other organizations but does not include grants or funding from government sources. Please provide the name, goals and objectives of the groups and organizations which provide donations. Please provide grants and funding amounts from government sources separately and specify the use to which government funding is applied.
7. How much volunteer effort is involved in the organization and in what manner? Volunteer efforts may include on site labor, fund raising, professional services for which no costs are charged, free advertisement, supplies and other materials. An estimate of the fair market value for these services is required. Please describe these services and disclose which group, organization or corporation provides these services but exclude the names of individuals.
8. Please provide a quantification of salaries, remuneration or honorariums and describe the position held by any person within your organization who receives payment of this kind.

9. Was the facility donated or built in part or full with volunteer funding/donations?
 10. Is any portion of the property used for commercial activity? Describe the type of activity.
 11. Please provide:
 - (A) Sketch of floor area of the building describing the use of each area.
 - (B) Most recent income and expense statement.
 - (C) Photocopy of articles of incorporation (Letters Patent).
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Note: Assessment Reduction applications are to be forwarded to the address below prior to September 30, as Assessment Reductions are granted for the subsequent year. Assessment Reductions are not granted for the year in which an application is filed.

There is no deadline date for application for a Tax Exemption. Tax Exemptions may be granted for the year in which the application is filed if the applicant complies with the requirements of Section 4, of the Assessment Act and was the owner of the property as at January 01, of the year in which the application is made.

Information requested may be provided in letter format. Copies of Letters Patent, floor plans of each level of a building showing the use of each room, financial statements, photographs, maps and other information the applicant feels would be of assistance to the Assessment Reduction Committee may be provided and will be retained.

If an applicant requires further explanation regarding Tax Benefits or assistance prior to completing the application, please contact the person listed below.

Return completed application to: Service New Brunswick
435 King Street
PO Box 1998
Fredericton NB
E3B 5G4

Kim Prosser
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Assessment Reduction/Tax Exemption Committee
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