



# Landlord/Property Owner Declaration

For Property Tax Rebates for Registered Charities

In order to verify the Interim 2019 taxes that will be charged to the registered charity by the property owner; the registered charity **must have the landlord complete Parts E, F, and G below**. This includes owner occupied charities.

## Part E Landlord Identification (Must be completed by Landlord/Owner of Building):

Landlord/Owner Name:												
Mailing Address:												
City:				Province:				Postal Code:				
Telephone No:			-				-				Ext:	
Email:												
Assessment Roll Number:		1	5	1	4	-		-		-		
Municipal Property Address Occupied by Registered Charity:												

## Part F 2019 Total Tax Allocated to Registered Charity

Amount of 2019 Interim Taxes Allocated to Registered Charity including Business Improvement Area Charges – Commercial taxes only (or amount of property taxes allocated for rent for first six months of 2019) <b>**DO NOT INCLUDE HST IN THIS AMOUNT**</b>		\$ _____ “D”	
2.	If the amount in “D” is for a time period other than the first six months of 2019, specify time period:	From:	YY____/MM____/DD____
		To:	YY____/MM____/DD____
3.	Portion of 2019 interim tax cap adjustment, if any, allocated to registered charity and reflected in “D” above:	\$ _____ “E”	
4.	Please Indicate the <b>method used to allocate taxes to the registered charity</b> (use separate page if necessary) <b>**Copies of initial or renewed lease agreements are required**</b>		
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## Part G Landlord Certification

I certify the above information is true, correct, and complete.

X		Date:	YY____/MM____/DD____



City of Peterborough  
 500 George Street North  
 Peterborough, ON, K9H 3R9  
[peterborough.ca](http://peterborough.ca) | 1-855-738-3755

City Use Only	
Vendor Number	
Modified Vendor File	
Verified By	

## DIRECT DEPOSIT AUTHORIZATION FORM

To ensure the accuracy of your account information, **you must submit a void cheque sample or valid bank pre-authorized payment form (PAP)** with your completed Direct Deposit Authorization Form.

VENDOR/CUSTOMER NAME

ACCOUNT INFORMATION
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BANK CODE

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TRANSIT NUMBER

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ACCOUNT NUMBER

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REMITTANCE INFORMATION
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Payment details will be sent to the email address provided.

EMAIL ADDRESS			
CONTACT NAME		TITLE/POSITION	
PHONE		FAX	
SIGNATURE		DATE	

**Please ensure a copy of a void cheque or PAP is included.**