

## Application for Tax Exemption – Licensed Community Care Facility Tax Year 2025

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CANADA )  
PROVINCE OF )  
BRITISH COLUMBIA )

**IN THE MATTER OF THE TAXATION EXEMPTION  
BYLAW PURSUANT TO SECTION 224(2)(j) OF THE  
COMMUNITY CHARTER IN THE CITY OF SURREY  
(exemption from taxation under Annual Property  
Tax Bylaw for tax year 2025)**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Address & Postal Code)

Telephone No. \_\_\_\_\_ / \_\_\_\_\_ e-mail \_\_\_\_\_  
(Work) (Home)

in the Province of British Columbia, DO SOLEMNLY DECLARE THAT

(a) I am the \_\_\_\_\_ of the \_\_\_\_\_  
(position currently held)  
\_\_\_\_\_ and as such \_\_\_\_\_  
(name of association, society or organization)

have knowledge of the facts hereinafter deposed with respect to the subject property for which a tax exemption application is being made;

(b) The property is in compliance with City bylaws, policies and regulations;

(c) All of the information provided below and materials submitted to the City in support of this application are complete, true and correct in all respects; and

(d) I understand that the City of Surrey may adjust a permissive property tax exemption for a property should factors important to the eligibility of the property for an exemption change at any time.

AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath, and by virtue of the CANADA EVIDENCE ACT.

DECLARED before me at Surrey  
in the Province of British Columbia  
this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

A Commissioner for taking Affidavits within  
British Columbia or  
A Notary Public in and for the Province of British Columbia

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Signature of Applicant

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Name of Applicant (Please Print)

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Title of Applicant

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Organization

## PART A: Applicant Information

1. Full name or title of organization: \_\_\_\_\_
2. Property Address: \_\_\_\_\_
3. Contact Person (provide contact information for up to two people that staff can contact regarding the submission as necessary).  
  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Daytime phone no: \_\_\_\_\_ Daytime phone no: \_\_\_\_\_  
e-mail: \_\_\_\_\_ e-mail: \_\_\_\_\_
4. Registered Charity Number (if applicable): \_\_\_\_\_

## PART B: General Information

1. Is this a new application for a permissive property tax exemption:  
Yes No
2. Is the organization the owner of the property:  
Yes No
3. Has there been any change in status or use of the building or property in the last 12 month:  
Yes No

If yes, please explain below (use additional paper as attachment as necessary):

4. List the type of buildings, their use and gross floor area for all buildings on the property:

Building Type and Use			Gross Floor Area
Type and number of parking spaces available on site	Gravel: _____	Blacktop: _____	Undeveloped: _____
<b>PLEASE PROVIDE YOUR COMMUNITY CARE AND ASSISTED LIVING LICENSE WITH YOUR APPLICATION</b>			

#### PART C: Services Information

1. Outline the different levels of service provided by your organization.

#### PART D: Financial Information

1. Have you applied for or received funding from any other government or non-government organization? (For example, Federal or Provincial Government, B.C. Housing, B.C. Rental Housing, United Way, private donors, endowment funds, or other agencies)

Yes

No

Funding Agency	Type of Grant or Funding	Amount	Status

Do any of the above listed sources include provision for property taxes?

Yes

No

## **PART E: Licensing and Exemption**

1. Has the number of Fraser Health publicly funded beds increased since the last tax year:  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. The exemption claimed is calculated as follows:
  - (a) Total number of beds in facility \_\_\_\_\_
  - (b) Total number of Fraser Health publicly funded beds \_\_\_\_\_
  - (c) Total exemption applied for  $(b \div a)$ : \_\_\_\_\_ %

## **PART F: Additional Information**

1. Indicate any other activities/comments which may be pertinent to your application (if required, use additional paper as attachment):