

****REQUIREMENTS****

- Eligible properties DO NOT include IXN, CXN, MT, RT, IUN, CUN. They are already considered vacant and/or not eligible.
- INCLUDE A SKETCH/SITE MAP OF ALL VACANT AREAS AND INDICATE THE DIMENSIONS AND SQUARE FOOTAGE OF THESE AREAS.

VERIFICATION DOCUMENTS

- A copy of an expired lease and current lease; **OR** A copy of the property's rent roll.
- A site inspection may be required for Vacant Units/Buildings. The Applicant will be contacted after the application has been filed.
- If a sale will be taking place, contact our office prior to the sale to ensure the inspection can be completed.
- Applications must be on the prescribed form and must contain all of the required information.
- When an agent is representing the owner, written authorization from both parties is necessary.

Please complete all applicable questions on this form and return the form on or before February 28 to:

**City of St. Catharines
 Financial Management Services
 50 Church St, PO Box 3012
 St. Catharines ON L2R 7C2**

- Pursuant to O. Reg 325/01 Section 3(1), an application will not be considered filed until the applicant has provided all of the pertinent information required by the Municipality. Every person who is required to provide information related to an application and who defaults may be liable to a fine of \$100 for each day during which the default continues. Any person who knowingly makes a false or deceptive statement in an application or other document submitted to the Municipality may be liable to a fine of twice the amount of the rebate sought, but not less than \$500.
- If a property's assessment is altered after a rebate, the Municipality will perform a recalculation and notify the owner of any consequential tax adjustments.
- Property owners who disagree with the amount of the rebate calculated by the Municipality may appeal to the Assessment Review Board

For Municipal information or assistance, contact **905-688-5601 ext 1435** or e-mail taxes@stcatharines.ca.

For general rebate information, contact the Ministry of Finance, 1-800-263-7965.

DECLARATION

TO WIT:

I/WE _____ of the _____
Name of Applicant City/Town

of _____ in the _____
Name of City/Town Province/Territory

of _____ **do solemnly declare that:**
Name of Province/Territory

1. I/WE are the owners of the property described in this application.
2. AND/I/WE make this solemn declaration conscientiously believing the contents of the application to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me at the

_____ of _____
City/Town Name of City/Town

On the _____ Day of _____ In the year _____ .

Name of Witness: _____ Signature of Witness: _____
Please Print

Name of Applicant: _____ Signature of Applicant: _____
Please Print