

### **Cancellation, Reduction or Refund of Property Taxes**

**Note:** Applications to cancel property taxes because the applicant cannot pay because of sickness or extreme poverty use a different <u>application</u>.

#### How to apply:

- Complete all applicable sections and submit the application and supporting documentation on or before the deadline, which is the last day of February of the year following the year of the property taxes you seek to have cancelled:
  - Application deadline is established by The City of Toronto Act, 2006. The City does not have the authority to consider applications submitted after the deadline.
  - File your application by the deadline date even if you do not have the required supporting information. You may provide your supporting information to the City as soon as it is available.
  - o For your records, retain a copy of the application and supporting documentation.

#### Overview of application process:

- The City reviews application with supporting documentation and shares it with the Municipal Property Assessment Corporation (MPAC).
- MPAC returns property assessment information to the City; the City reviews and determines if property taxes should be cancelled, reduced, or refunded.
- This determination goes to the City's General Government Committee (GGC), which will decide whether to cancel, reduce or refund property taxes.
- Applicants may make a deputation at the GGC meeting if they wish to do so. <u>Refer to the deputation process</u>.
- The GGC usually decides the day of the hearing, with any adjustments to tax (if applicable) being made following the hearing.
- Applicants have 35 days to appeal to the <u>Assessment Review Board (ARB)</u> if they disagree with the GGC decision.
- If the GGC does not decide on an application by September 30 of the year following the year in respect of which the application is made, applicants may appeal to the ARB. The deadline to appeal in this circumstance is October 21.
- For information about tax appeals, visit the ARB website.

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#### Deadline to apply:

An application under this section must be filed with the City on or before the last day of February of the year following the year in respect of which the application is made.

For example, if you apply to cancel your taxes for 2024, you are required to file your application by the end of February 2025.

| Recommended Tax Reduction Calculation           |   |                         |   |  |   |   |  |  |  |  |
|---|---|-------------------------|---|--|---|---|--|--|--|--|
| Property<br>assessment<br>Reduction<br>(Note 1) | х | Tax<br>Rate<br>(Note 2) | X | Number of days the property is eligible to receive a reduction (Note 3)  Total number of days in year (Note 4) | = | Staff's recommendation of tax reduction (excluding any adjustments for phase-in/capping- if applicable) |  |  |  |  |

#### Note:

- 1) Property assessment reduction based on MPAC's feedback.
- 2) Total tax rate includes City & Education portion for applicable taxation year.
- 3) Number of days in the year during which the cancellation, reduction or refund applies (divided by).
- 4) The total number of days in the year is 365 except in a leap year when it is 366.

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# Cancellation, Reduction or Refund of Property Tax Section 323 of the City of Toronto Act, 2006

Application Deadline: Submit on or before the last day of February of the year following the year in respect of which the application is made (as mandated by the City of Toronto Act, 2006, section 323 (3).

|     | (01, 2000, 30011011 020 (0) |
|-----|-----------------------------|
| - 1 | Taxation Year:              |
|     |                             |
| - 1 | Ĭ                           |

| Failure to complete the application ar<br>the appeal.   | d/or the misreprese                     | entation of information    | on will result in delays in the processing of     |  |  |  |  |  |  |
|---|---|----------------------------|---|--|--|--|--|--|--|
| I, the Applicant, am the (check app   | licable box):                           |                            |   |  |  |  |  |  |  |
| ☐ Property owner ☐ Spouse of the  | property owner                          |                            |   |  |  |  |  |  |  |
| Tenant, occupant, other person in   | possession of the l                     | and or their spouse        |   |  |  |  |  |  |  |
| Party with interest in the land as sometime (proof/authorization required)  | nown on the record                      | s of the appropriate       | land registry office and the sheriff's office     |  |  |  |  |  |  |
| Agent Authorization - Complete only if you have an agent acting on your behalf  |   |                            |   |  |  |  |  |  |  |
| I, the Applicant, authorize the agent li  | sted in Section 3 to                    | act on my behalf in        | respect to this appeal.                           |  |  |  |  |  |  |
| Applicant Name (First, Last)  |   |                            |   |  |  |  |  |  |  |
| ☐ Change of Name Certificate bearing  |   | because I, the application | ant obtained a registered Birth Certificate or    |  |  |  |  |  |  |
| Applicant Single Name (if applicable)   |   |                            |   |  |  |  |  |  |  |
| Applicant Signature   |   |                            | Date (mm-dd-yyyy)                                 |  |  |  |  |  |  |
| Section 1. Property Informa   | ation                                   |                            |   |  |  |  |  |  |  |
| Assessment Roll Number (21 digits)  |   |                            |   |  |  |  |  |  |  |
| 1 9 -   -   -   -    Property Address (Street Number, Stre  | et Name, Suite/Unit                     | Number)                    |   |  |  |  |  |  |  |
|   |   |                            |   |  |  |  |  |  |  |
| Property Owner Name (First, Last) (if a   | ,                                       |                            |   |  |  |  |  |  |  |
| Check this box if first name and last name do not apply because the property owner obtained a registered Birth Certificate or Change of Name Certificate bearing a single name. (if applicable) |   |                            |   |  |  |  |  |  |  |
| Property Owner/Representative Single  | • |                            |   |  |  |  |  |  |  |
| Organization/Business Name (if application)   | able)                                   | Representative/S           | Signing Officer Name                              |  |  |  |  |  |  |
| Section 2. Applicant Inform   | ation                                   |                            |   |  |  |  |  |  |  |
| Applicant Name (First, Last)  |   |                            |   |  |  |  |  |  |  |
| Check this box if first name and las Change of Name Certificate bearing   |   | because the applicant      | obtained a registered Birth Certificate or        |  |  |  |  |  |  |
| Applicant Single Name (if applicable)   |   |                            |   |  |  |  |  |  |  |
| Organization/Business Name (if applicable)  |   |                            |   |  |  |  |  |  |  |
|   |   |                            | ded, please include business contact information. |  |  |  |  |  |  |
| Mailing Address (Street Number, Stree   | Name, Suite/Unit N                      | umber)                     |   |  |  |  |  |  |  |
| City/Town   | Province                                | Postal Code                | Telephone Number                                  |  |  |  |  |  |  |
| Section 3. Agent Information  | n (if applicable)                       |                            |   |  |  |  |  |  |  |
| An agent is defined as an individual the  | ,                                       |                            | n a professional capacity.                        |  |  |  |  |  |  |
| Agent Name (First, Last)  |   |                            | n a protosolottal supusity.                       |  |  |  |  |  |  |
|   |   | because the agent ob       | tained a registered Birth Certificate or          |  |  |  |  |  |  |
| Change of Name Certificate bearing Agent Single Name (if applicable)  | ng a single name.                       |                            |   |  |  |  |  |  |  |
| Organization/Business Name (if application)   | able)                                   |                            |   |  |  |  |  |  |  |
| Agent Business Address (Street Numb   | er, Street Name, Suit                   | te/Unit Number)            |   |  |  |  |  |  |  |
| City/Town   | Postal Code                             |                            |   |  |  |  |  |  |  |
| Business Email  |   |                            | Business Telephone Number                         |  |  |  |  |  |  |



## Cancellation, Reduction or Refund of Property Tax

| Section 4. Reason for Application   |  |                                   |  |  |  |  |
|---|--|-----------------------------------|--|--|--|--|
| Check the box that applies and provide effective  | date.  | Effective Date M M M D D Y Y Y Y  |  |  |  |  |
| Change in Tax Classification Section 323(1)(a) The property or portion of the property is eligible with a lower tax ratio if a supplementary assess of the change event (e.g. commercial property                                   |  |                                   |  |  |  |  |
| Land has become vacant land or excess land (i.e. no structure remaining on land)  | <b>d</b> Section 323(1 (b)                                       |                                   |  |  |  |  |
| Land has become exempt from taxation so (i.e. land is now occupied by a church, non-pr  |  |                                   |  |  |  |  |
| The building on the land was fully razed by: S  | ection 323(1)(d)(i)  |                                   |  |  |  |  |
| ☐ <b>Fire</b> - Provide a copy of the Fire Marshall, Pocompany reports.   | lice Services or Insurance                                       |                                   |  |  |  |  |
| ☐ <b>Demolition -</b> Provide copy of demolition permit contractor on letterhead showing the start and  |  |                                   |  |  |  |  |
| or, otherwise - If the building was rendered s means other than fire or demolition, please atta documentation (e.g. dated photographs/images  | ach the applicable supporting                                    | her official reports).            |  |  |  |  |
| The building on the land was rendered substantial purpose for which it was used immediately presection 323(1)(d)(ii)  |  |                                   |  |  |  |  |
| ☐ <b>Fire -</b> Provide a copy of the Fire Marshall, Pol company reports.   | ice Services or Insurance  |                                   |  |  |  |  |
| ☐ <b>Demolition -</b> Provide copy of demolition permit contractor on letterhead showing the start and  |  |                                   |  |  |  |  |
| or, otherwise - If the building was rendered s means other than fire or demolition, please at documentation (e.g. dated photographs/image or other official reports).   |  |                                   |  |  |  |  |
| ☐ A mobile unit was removed from the land S   | rection 323 (1)(f)   |                                   |  |  |  |  |
| Repairs or renovations to the land - Preven for three months or more during the year. Provion letterhead, showing the start and end date of invoices, copy of the building/demolition permit place of residence during renovations. | ide signed letter from contractor of the repairs or renovations, |                                   |  |  |  |  |
| ☐ Gross or Manifest Clerical Errors Section 32  | 3(1)(g)  |                                   |  |  |  |  |
| Provide details and list any supporting document Note: Only clerical or factual errors may be consi   |  | more space is required.           |  |  |  |  |
|   |  |                                   |  |  |  |  |
|   |  |                                   |  |  |  |  |
|   |  |                                   |  |  |  |  |
| Section 5. Certification of Information   |  |                                   |  |  |  |  |
| By signing this application: certify that the information provided in this applica n support of this application are true and accurate. may disqualify the application and could result in ta which this application relates.       | I understand that any inaccurat                                  | e, false or deceptive information |  |  |  |  |
| Applicant Name (First and Last or Single if applicable)   | Applicant Signature  | Date (mm-dd-yyyy)                 |  |  |  |  |
| Agent Name (First and Last or Single if applicable)   | Agent Signature (if applicable)                                  | Date (mm-dd-yyyy)                 |  |  |  |  |
| Section 6. Submit Application   |  |                                   |  |  |  |  |

Review the Fact Sheet then submit your application to the City of Toronto by the legislative deadline.

Send completed application along with supporting documents to:

City of Toronto Mail: 416-696-3508

Revenue Services, Appeals Unit (For tips on faxing, visit toronto.ca/propertytaxesandutilities)

5100 Yonge St., Toronto, ON M2N 5V7

In person: At City Hall and Civic Centres Inquiry and Payment Counters, for location information visit:

toronto.ca/inquirypaymentcounters

Revenue Services collects personal information on this form under the legal authority of the City of Toronto Act, 2006, section 323. The information is used to determine eligibility, process the application and process refunds/ credits resulting from adjustments to the property tax account. Questions about this collection can be directed to the Manager, Property Assessment, North York Civic Centre, 5100 Yonge Street, Toronto, Ontario, M2N 5V7 or by telephone at 416-395-1048.

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