

Checklist – Community Care Facility

The following documentation is required for a complete submission:

Application Form

The signature on the application form must be witnessed by a Commissioner for taking Affidavits or a Public Notary. The City Clerk's Office provides this service free of charge in the Clerk's Office on the fifth floor, east tower of City Hall, 8:30 a.m. – 4:30 p.m. Monday through Friday, excluding statutory holidays. Please note that witnessing a signature does not mean that staff is verifying that your application is complete or has been approved. Staff will contact the applicant if there is any outstanding information missing in the application submission. Applicants may also use a Public Notary at their own cost.

Copy of the *Community Care and Assisted Living Act License*

Fraser Health Letter dated the current year confirming how many beds are funded by Fraser Health

In addition to the above noted submission requirements, all **new** applicants must also submit:

Floor plan, showing each room along with its purpose

Interior photos of each room listed on the floorplan

Exterior photos showing the hours of operation and signage

Site plan showing any parking and / or outbuildings and their use

Staff will advise if any documentation is missing. Please allow up to five business days for staff to review your application after it has been submitted.

Application for Tax Exemption – Licensed Community Care Facility Tax Year 2026

The personal information on this form is collected for the purpose of an operating program of the City of Surrey as noted in Section 26(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact Legislative Services at 604-591-4132.

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 2026)**

I, _____ in the Province of British Columbia,
(first and last name of applicant)

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 _____, 2025.

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 Signature of Applicant
 (

 Name of Applicant (Please Print)
 (

 Title of Applicant
 (

 Organization

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

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. Did the property receive a permissive tax exemption for the 2025 tax year:
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: _____
PLEASE PROVIDE YOUR COMMUNITY CARE AND ASSISTED LIVING LICENSE WITH YOUR APPLICATION			

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 changed 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 ÷ 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):