

# Confirmation Form 2026-27 Annual Reporting

## HRM Tax Relief for Non-Profit and Registered Canadian Charitable Organizations

**This form must be filled out to ensure automatic re-enrollment in the program. Only one form needs to be completed. Do not include any other documents.** The annual Confirmation Form must be submitted on or before **Monday, February 2, 2026** (note: due to January 31 falling on a weekend, the submission deadline will be extended to the next business day). If the Confirmation Form is not received (or post-marked) by February 2, 2026 there will be a 50% reduction in level of tax relief up to a maximum of \$5,000. The reduction in tax relief will be apportioned between the two tax bills.

**Note:** This form is confirmation of ownership, tenancy in Federal, Provincial or Municipal government property, property use, registration as a non-profit or charity, and any change in occupancy of the premises. Please complete all required information as listed on this form.

### 1. Registered Name of Non-Profit/Charity

The organization's registration is up to date and has not been revoked or suspended:

Yes ☐

No ☐

If no, please contact to Registry of Joint Stocks ([RJSC Connect](#)), Charities Directorate (Canada Revenue Agency) ([Charities and giving - Canada.ca](#)) or Industry Canada ([Not-for-profit corporations](#)) to have registered status updated.

### 2. Change in Property Use, Occupancy or Ownership

Has there been any change in use or occupancy of the property, or properties, included in this submission? For example: another non-profit, charity, for-profit or private/individual interest occupies all or a portion of the premises, or there has been a change in the property's use (program/services).

Yes ☐

No ☐

If yes, staff will contact you for further details.

### 3. Assessment Account Number (AAN) for Property, or Properties, in the Tax Relief Program

#### 4. Contact Information

Name of Submitter	
Email Address of Submitter	

#### 5. Authorization

This application must be submitted by an authorized signing Officer of the Board of Directors, or a member of staff authorized by the Board of Directors.

*I, on behalf of the Board of Directors, certify that no party, other than the applicant organization or occupancy disclosed in this Confirmation Form, has any right (whether through lease, sub-lease or assignment) to occupy the real property for which tax relief is sought or awarded.*

Board or Staff Position	Print Name	Date
-------------------------	------------	------

**Please read and select the appropriate disclaimer:**

☐

**I am the property owner.**

I certify all information I have provided is true and accurate, including all required supporting information required for approval. My identification as the applicant means that I am the primary contact with HRM in all matters pertaining to this application, unless otherwise noted. I understand that having my property registered under the R-400 by-law does not serve as confirmation of compliance with other Municipal, Provincial and Federal regulations.

☐

**I am representing the property owner.**

I certify all information I have provided is true and accurate and am submitting this application, including all required supporting information, for approval with the consent of the owner(s) of the subject property(s). My identification as the applicant means that I am the primary contact with HRM in all matters pertaining to this application, in addition to the property owners, unless otherwise noted. I understand that having my property registered under the R-400 by-law does not serve as confirmation of compliance with other Municipal, Provincial and Federal regulations.

Submit the Confirmation Form to one of the following:

**Email:** [nonprofittax@halifax.ca](mailto:nonprofittax@halifax.ca)

**Mail:** Halifax Regional Municipality, Tax Relief Program, Finance & Asset Management,  
PO Box 1749, Halifax, NS B3J 3A5.

**Drop-off:** to any HRM Customer Service Centre.