

PROPERTY TAX

TO APPLY

REQUIREMENTS

Current property taxes must be paid in full.
You must have a Canadian chequing account at a financial institution.

QUALIFICATIONS

Complete the form on reverse and submit to:

City of Chilliwack
Finance Department
Revenue Services Division
8550 Young Road
Chilliwack BC V2P 8A4
Phone: 604.792.9498
Fax: 604.793.2829

Email: taxes@chilliwack.com

MUST ATTACH A VOID CHEQUE



MONTHLY PAYMENTS

- ◇ Monthly payments are calculated by estimating next year's property taxes (less Home Owner Grant applicable).
- ◇ A separate payment must be made by the property owner for the final balance showing on the tax notice and the Home Owner Grant must be claimed (if eligible) by the due date.
- ◇ A monthly payment as low as \$10.00 will be accepted, should the equal payments not suit your needs.
- ◇ The monthly prepayment amount for next year's taxes is automatically recalculated and shown at the bottom of the current year's notice. The first withdrawal for the next year's prepayment plan is **June 15th**.

IMPORTANT

The amount owing on the notice will not be automatically withdrawn from your bank account through PAWS. Final balances must be paid and the Home Owner Grant claimed (if eligible) by the due date in order to avoid a late penalty charge.



PREPAYMENT PLAN

BENEFITS OF THE PLAN

The City of Chilliwack offers tax payers the option to **prepay their property taxes** automatically through a monthly pre-authorized withdrawal system (PAWS) from their bank account for the next year.

The property tax pre-authorized withdrawal system is available to all types of properties.

Eliminate the need to pay the total amount at one time

Plan ahead and pre-pay for next year!



PAWS offers the following:

- ◇ Convenient pre-authorized withdrawals through any Canadian Financial Institution.
- ◇ Great for budgeting - reduce the final amount owing over monthly prepayments.
- ◇ Your prepayment account will earn interest and best of all, the interest is income tax free.
- ◇ You can make 12 equal payments from June - May instead of one annual payment on the due date.

TERMS & CONDITIONS

- ◇ It is the customer's responsibility to pay the final balance and apply for the Home Owner Grant (HOG) by the due date each year in order to avoid a late penalty charge. All applications are made directly through the Provincial Home Owner Grant website at: www.gov.bc.ca/homeownergrant.
- ◇ Payments will be withdrawn on the 15th day of each month, beginning with the month you specify on the application form
- ◇ To cancel prepayments, contact the City's Tax Office, 604-792-9498 by the **5th** of the month.
- ◇ If a payment is returned NSF, a \$25 fee will be applied to your prepayment account. After two consecutive dishonored payments, your participation in the prepayment plan will be cancelled.
- ◇ If your property is sold, it is your responsibility to make sure that the conveyancing lawyer (or notary) accounts for your prepayments. Refunds are not issued by the Tax Office.
- ◇ A new application form must be completed for your new property.
- ◇ If you change bank accounts, contact our office to sign a new authorization form.



PROPERTY TAX PRE-AUTHORIZED PREPAYMENT PLAN APPLICATION

Monthly Payment:

City to Calculate **OR** Amount Mutually agreed upon

Starting Date 15th of _____ \$ _____

***Amount automatically recalculated each June**

Folio Number: _____

Civic Address: _____

Owner (s): _____

Financial Institution: _____

Branch Address: _____

Bank No. _____ Transit No. _____

Account No. _____

Home/Cell Phone #: _____

Email: _____

I/we the undersigned have read and understood the terms and conditions of the plan and hereby authorize the City of Chilliwack to deduct monthly payments from our bank account on the 15th day of every month. It is understood that I am responsible for claiming the Home Owner Grant (if applicable) and paying the final balance by the due date of each year.

Signature Date (mm/dd/yy)

HOME OWNER GRANT APPLICATION

Will you be claiming a Home Owner Grant?

Yes No

If so, which grant will you be claiming?

Basic

Additional (65 or over or physically disabled)

PLEASE PROVIDE DATE OF BIRTH (mm/dd/yy)



VOID CHEQUE MUST BE SUBMITTED WITH COMPLETED FORM