

SECTION 1 – TENANT

INFORMATION ABOUT THE TENANT

Name

Mailing address

Municipality Postal code

APPLICATION FOR PARTICIPATION IN THE PROGRAM

I am requesting a farm property tax credit for the assessment units entered in the following section.

Signature of the tenant

Date (day/month/year) Department Identification Number (NIM): - -

SECTION 2 – LEASED ASSESSMENT UNITS (AU)

TABLE TO COMPLETE (SEE SECTION 5 ON THE REVERSE SIDE—HOW TO COMPLETE THE APPLICATION)

	Enter the assessment unit number (15 digits)	If the AU was purchased within the last 12 months, please enter the month and year of purchase.
1		
2		
3		
4		
5		

If there are more than five leases, please attach a sheet containing the requested information.

SECTION 3 – OWNER

INFORMATION ABOUT THE OWNER OR NAME OF THE BUSINESS AS INDICATED IN THE MUNICIPAL TAX ACCOUNT (IN BLOCK LETTERS)

Name of the individual or the business (as indicated in the municipal tax account)

Social Insurance Number (SIN) or Québec Enterprise Number (NEQ)*

* You must enter one of these two numbers.

Name of the Social Insurance Number (SIN) holder

Mailing address

Municipality

Phone Postal code

TERMS AND CONDITIONS OF THE PROGRAM

The **owner** of the assessment units leased to an agricultural operation eligible for the farm tax credit agrees to:

- receive any credit or payment for the municipal tax account for the fiscal year to which the application applies;
- receive any upward or downward adjustment on the credit amount for the year underway for the account for the following year;
- to return any overpayments to MAPAQ on reception of a Department notice to that effect.

Department Identification Number (NIM), where applicable

Name of the main respondent

CONSENT TO THE PROGRAM (MANDATORY)

I have read and I agree to the terms and conditions of the farm property tax credit program. I declare that the information entered here is true.

Signature of the owner Name in block letters Date (day/month/year)

CONSENT TO TRANSFER INFORMATION (OPTIONAL)

I hereby authorize the MAPAQ to transmit to the aforementioned tenant information about the credits and payments for the assessment units indicated above.

Signature of the owner Name in block letters Date (day/month/year)

SECTION 4 – MESSAGE TO THE TENANT

This joint application for payment is no longer valid if ownership changes.
You must inform MAPAQ about any changes in a lease by having your file updated. To do so, contact the Direction de l'enregistrement des exploitations agricoles (DEEA) at toll-free 1-844-544-3332.

SECTION 5 – HOW TO COMPLETE THE APPLICATION

To be a farm property tax credit program participant, you must complete this form. It is very important that you understand which information to enter in each section. The following will help you complete the form correctly.

SECTION 1 TENANT

The tenant's signature is mandatory in validating the assessment units' participation in PCTFA.

SECTION 2 LEASED ASSESSMENT UNITS – TABLE TO COMPLETE

In the table in this section, enter the numbers of the leased assessment units and the year and month of purchase if the unit was purchased within the last 12 months.

The registration number must be complete (15 digits). The first five digits represent the municipality's geographical code.

Example: 12354 – 1234-12-1234.

SECTION 3 OWNER

This section must be completed by the owner of the leased units. It is very important to enter the name in block letters as it appears in the municipal tax account, the address, and the Social Insurance Number (SIN) or Québec Enterprise Number (NEQ), and, where applicable, the Department Identification Number.

SECTION 3 CONSENT TO THE PROGRAM

The owner's signature is **mandatory** for confirming the joint application for payment.

For the AUs to qualify for PCTFA, the form must be sent before December 31 of the year for which the operator is applying for participation in the program.

SECTION 3 CONSENT TO TRANSFER INFORMATION

The owner's signature is **optional** for the transfer of information about credits and payments for the assessment units indicated in the Table in Section 2.

SECTION 6 – TO SEND THE FORM TO THE MINISTÈRE DE L'AGRICULTURE, DES PÊCHERIES ET DE L'ALIMENTATION

Send your duly completed form by fax, mail or email as follows:

By fax

(418) 380-2172

By mail

Programme de crédit de taxes
foncières agricoles
200, chemin Sainte-Foy, 1^{er} étage
Québec (Québec) G1R 4X6

By email

sac.taxes@mapaq.gouv.qc.ca

SECTION 7 – TO CONTACT CUSTOMER SERVICES

If you have any questions concerning the joint application for payment form, contact the customer services section of the Programme de crédit de taxes foncières agricoles. **To speed up phone service, make sure to have your Department Identification Number (NIM) handy.**

Toll-free number

1-866-822-2140

Phone

(418) 380-2140

Business hours

Monday, Tuesday, Thursday and 8:30 a.m. to noon and 1 p.m. to 4:30 p.m.
Friday: p.m.
Wednesday: 9 a.m. to noon and 1 p.m. to 4:30 p.m.