

2018 Commercial Property Information Request Form

Owner Contact	
Roll Number :	
Property Address:	
Property Owner:	Phone Number:
Building Name:	

Company Representative:(Please print)	
Name	
Position	
Company Name	
Phone Number	
E-mail Address	
Follow-Up Contact Person:(If different from above)	
Name	
Phone Number	
E-mail Address	
<p>In 2018 this property was:(Please check one)</p> <p><input type="checkbox"/> Leased</p> <p><input type="checkbox"/> Partially Leased/Partially Owner Occupied</p> <p><input type="checkbox"/> Entirely Owner Occupied</p> <p><input type="checkbox"/> Vacant Entire Year</p> <p>IF THIS PROPERTY IS 100% OWNER OCCUPIED OR OCCUPIED BY COMPANIES/ SHAREHOLDERS/ INDIVIDUALS THAT ARE RELATED TO THE PROPERTY OWNER, THEN COMPLETE THE CERTIFICATION SECTION ONLY ON THE LAST PAGE AND RETURN.</p>	

Please ensure that each page is initialed and dated by the company representative.
If any other comments or notes need to be submitted, please attach separate sheets.

For Office Use Only.	
Property Type: _____	P-use Code: _____
Data Entered by: _____	Date: _____
Reviewed by: _____	Date: _____
<input type="checkbox"/> Attributes <input type="checkbox"/> Rent Roll <input type="checkbox"/> I&E Survey	

INCOME AND EXPENSES

FINANCIAL STATEMENTS MAY BE SUBMITTED

Please provide information for the last full year – 2018.

Detailed information for the year ending _____ (if the date is different than December 31 please state the year end date).

Roll#:	Address:
---------------	-----------------

RENTAL INCOME	2018	Comments
Actual Gross Income		
Parking Income		
Other Income – Explain		
Recoveries – Insurance		
Recoveries – Maintenance/Repairs		
Recoveries – Management		
Recoveries – Property Tax		
Recoveries - Utilities		
Recoveries – Other - Explain		
EFFECTIVE GROSS INCOME		

OPERATING EXPENSES	2018	Comments
Insurance		
Management Fees		
Administration Fees		
Advertising		
Heating		
Electrical		
Water and Sewer		
Building Maintenance and Repairs		
Grounds Maintenance		
Legal and Audit		
Other Operating Expenses (Explain)		
Supplies & Materials		
Garbage Removal & Exterminating		
Rentals		
Elevators		
Tenant Improvements		
Property Taxes		
TOTAL PROPERTY EXPENSES		

Inducements for the Year

Unit/Bay	Size (Sq Ft)	T.I.'s (\$) Paid by Landlord	# Months' Rent Free	Total Rent Free Amount

Vacancy for the Year

Unit/Bay Vacant	Size (Sq Ft)	# of Months Vacant	Potential or Asking Net Rent / Sq Ft.

Major Renovations/Capital Expenditures

Specify Item	\$ Amount

Initials _____ Date (DD/MM/YEAR) ____/____/____

2018 Commercial Rent Roll

You may attach a copy of your rent roll to this page if it includes all of the required information.

(If required, please photo-copy for more space)

Page ____ of ____

Roll Number:				Property Address:																								
A		B		Space Description				Lease Term					Annual Lease Details															
				C	D	E	F	G			H		I	J	K	L				M								
Tenant/Trade Name				Unit # Lease Type: Net (N) Gross (G)		Floor Location (B,M,Mz,2, etc)		Occupant Type (Owner, Tenant, Vacant)		Space Type (Office, Retail, Apartment, Whse, Restaurant, etc)		Rentable Area (Sq Ft)		Lease Information						Check off items paid for by owner					Monthly CAM costs If applicable			
														Negotiated Lease Date (DD/MMM/YY) If month to month please specify.			Lease Expiry Date (DD/MMM/YY)			Rent (\$/Square Foot)	Rent (\$/Month)	Percentage Rent \$	Insurance	Heat		Power	Water/Sewer	Janitor
<i>Example</i>	ABC Company	101	N	Main	Tenant	Office	1000	DD	MM	YR	DD	MM	YY	\$10	\$10000	25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	

Initials _____ Date (DD/MM/YEAR) ____/____/____

Roll #:	Address:
---------	----------

PARKING DETAILS	# of Stalls	Rent per Stall (\$)
Electrified Stalls		
Non – Electrified Stalls		
Unrestricted Public/ Visitor Parking		
Covered Stalls		
Underground Stalls		

CERTIFICATION

I hereby certify that the attached information is true and correct.			
Signature		Title	
Date		Phone #	
Email			

An appraiser may call to clarify information.

Additional Comments
