

2019 Multi-Residential 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 (On Site Manager or Property Manager) | |
| Name | |
| Phone Number | |
| E-mail Address | |

**Please ensure that each page is initialled 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 | |

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

2019 General Description Information

| | |
|---------------------|-----------------------|
| Roll Number: | Civic Address: |
|---------------------|-----------------------|

Suite Mix and Rental Information

| | #Basement | Rent/month | #Main Floor | Rent/month | #2 nd Floor | Rent/month | #3 rd Floor & up | Rent/month |
|-----------|-----------|------------|-------------|------------|------------------------|------------|-----------------------------|------------|
| Bachelor | | | | | | | | |
| 1 Bedroom | | | | | | | | |
| 2 Bedroom | | | | | | | | |
| 3 Bedroom | | | | | | | | |
| 4 Bedroom | | | | | | | | |
| 5 Bedroom | | | | | | | | |

*If your property has more than 3 floors AND the rent is different please attach another sheet of paper with the Floor number, suite mix & rent/month.
Total number of units including the basement: _____

Commercial Tenants

| Tenant Name | Type of Space (Retail) | Floor Location | Leasable area | Rent/SF | Monthly Rent |
|-------------|------------------------|----------------|---------------|---------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|--|--|
| On Site Caretaker: (Name) | Phone Number |
| Caretaker Suite: | |
| Does the Caretaker occupy a suite at zero or reduced rent? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes: What rent is being charged for 2019? _____ What is the normal rent for 2019? _____ |
| What is the suite number for the Caretaker? _____ | |

| Amenities included in Rent | Circle one | Suite Amenities | Circle one |
|----------------------------|------------|-----------------------|------------|
| Heat | Yes / No | Air Conditioning | Yes / No |
| Electricity | Yes / No | Dishwasher | Yes / No |
| Water/Sewer | Yes / No | Fireplace | Yes / No |
| Parking | Yes / No | Balcony | Yes / No |
| Furniture | Yes / No | In – Suite Laundry | Yes / No |
| Cable TV | Yes / No | Coin Operated Laundry | Yes / No |
| Off Suite Storage | Yes / No | No Charge Laundry | Yes / No |

Yearly Vacancy

| Type of Suite | Total # of Vacant Months | Comments |
|---------------|--------------------------|----------|
| Bachelor | | |
| One Bedroom | | |
| Two Bedroom | | |
| Three Bedroom | | |
| Four Bedroom | | |
| Five Bedroom | | |
| Commercial | | |

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

Income and Expenses

Financial statements may be submitted instead of filling in the income and expense portion of the form.

| | |
|---------------------------|-----------------------------|
| Roll Number: _____ | Civic Address: _____ |
|---------------------------|-----------------------------|

Please provide information for the last full year.

12 Month Fiscal Period Ending _____, 2019

If you are reporting for only a partial year please provide the following: Start date: _____ End date: _____

| RENTAL INCOME | 2019 | Comments |
|-------------------------------|------|----------|
| Suite Rent | | |
| Storage Rent | | |
| Other Rent (Explain) | | |
| Commercial Rent | | |
| Laundry | | |
| Parking | | |
| Vending Machines | | |
| Recoveries – Expenses | | |
| Recoveries – Property taxes | | |
| Recoveries – Other (Explain) | | |
| Effective Gross Income | | |

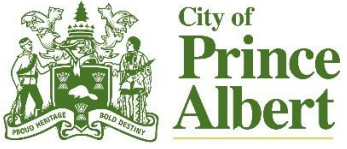
| OPERATING EXPENSES | 2019 | Comments |
|--|------|----------|
| Management fees (please circle): Owner Managed On-Site Manager Management Company Other (Explain) _____ | | |
| Insurance | | |
| Management Fees | | |
| Advertising | | |
| Heating | | |
| Electrical | | |
| Water and Sewer | | |
| Building Management & Repairs | | |
| Grounds Maintenance | | |
| Legal & Audit | | |
| Other Operating Expenses (Explain) | | |
| Security | | |
| Supplies and Materials (Office, etc.) | | |
| Garbage Removal & Exterminating | | |
| Rentals | | |
| Elevators | | |
| Property Taxes | | |
| Total Property Expenses | | |

| Renovation / Repair Item | \$ Amount | Comments |
|--------------------------|-----------|----------|
| | | |
| | | |

Certification: I hereby certify that the attached information is true and correct.

| | | |
|---------------------|--|--------|
| Signature: | | |
| Date: | | |
| Name (Please print) | | Title: |
| Daytime Phone # | | Email: |

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



City Of Prince Albert
Assessment Division
1084 Central Avenue
Prince Albert, SK S6V 7P3
Fax: 1-800-547-2176; Email: assessment@citypa.com

Notes or Additional Comments