

## 2021 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	
In 2021 this property was:(Please check one)	
<input type="checkbox"/> Leased <input type="checkbox"/> Leased to a related Company/Shareholder/Individual <input type="checkbox"/> Partially Leased/Partially Owner Occupied <input type="checkbox"/> Entirely Owner Occupied <input type="checkbox"/> Vacant Entire Year	
<b>IF THIS PROPERTY IS 100% OWNER OCCUPIED OR OCCUPIED BY COMPANIES/            SHAREHOLDERS/ INDIVIDUALS THAT ARE <u>RELATED</u> TO THE PROPERTY OWNER,            PLEASE FILL OUT PAGE 1 AND CHECK OFF THE SECOND BOX ABOVE AND THEN            COMPLETE THE CERTIFICATION SECTION ONLY ON THE LAST PAGE AND RETURN.</b>	

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	

**INCOME AND EXPENSES**

*FINANCIAL STATEMENTS MAY BE SUBMITTED*

**Please provide information for the last full year – 2021.**

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

<b>Roll#:</b>	<b>Address:</b>
---------------	-----------------

<b>RENTAL INCOME</b>	<b>2021</b>	<b>Comments</b>
Actual Gross Income		
Parking Income		
Other Income – Explain		
Recoveries – Insurance		
Recoveries – Maintenance/Repairs		
Recoveries – Management		
Recoveries – Property Tax		
Recoveries - Utilities		
Recoveries – Other - Explain		
<b>EFFECTIVE GROSS INCOME</b>		

<b>OPERATING EXPENSES</b>	<b>2021</b>	<b>Comments</b>
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		
<b>TOTAL PROPERTY EXPENSES</b>		

**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) \_\_\_\_/\_\_\_\_/\_\_\_\_

## 2021 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									
														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	Maintenance/Repair	Property Tax
<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"/>	<input type="checkbox"/>	Yes	

Initials \_\_\_\_\_ Date (DD/MM/YEAR) \_\_\_\_/\_\_\_\_/\_\_\_\_

