

## **2024 Commercial Property Information Request Form**

<b>Owner Contact</b>	
Roll Number :	
Property Address:	
Property Owner:	Phone Number:
Building Name:	

<b>Company Representative:(Please print)</b>	
Name	
Position	
Company Name	
Phone Number	
E-mail Address	
<b>Follow-Up Contact Person:(If different from above)</b>	
Name	
Phone Number	
E-mail Address	
<b>In 2024 this property was:(Please check one)</b> <input type="checkbox"/> Leased <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, 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**

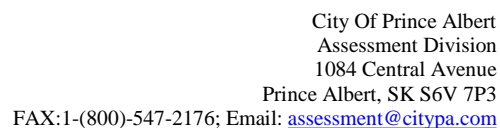
**Please provide information for the last full year – 2024.**

**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>
---------------	-----------------

RENTAL INCOME	2024	Comments
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>		

OPERATING EXPENSES	2024	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		
<b>TOTAL PROPERTY EXPENSES</b>		



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

## 2024 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 copy for more space)

Page \_\_\_\_ of \_\_\_\_

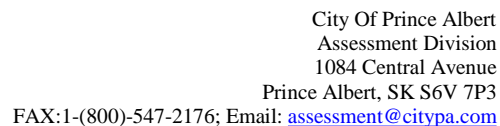
Roll Number:				Property Address:																					
A		B		Space Description				Lease Term						Annual Lease Details											
				C	D	E	F	G			H			I	J	K	L				M				
				Lease Information										Check off items paid for by owner											
Tenant/Trade Name		Unit #	Lease Type: Net (N) Gross (G)	Floor Location (B,M,Mz,2, etc)	Occupant Type (Owner, Tenant, Vacant)	Space Type (Office, Retail, Apartment, Whse, Restaurant, etc)	Rentable Area (Sq Ft)	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	Other Explain	Monthly CAM costs If applicable
<u>Example</u>	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"/>						Yes

## 2024 Residential Rent Roll

**Please complete this section if the property has one or more residential suites. If required, please copy this page for more space.**

Page \_\_\_\_ of \_\_\_\_

Roll Number:							Property Address:																
Suite Number	Floor (Main, 2 <sup>nd</sup> , etc)	Rental Type (Check one)			Suite Size (Sq. Ft.)	Monthly Rent (per suite) (\$)	Leased (L) Or Month To Month (M)	No. of Bedrooms (Bachelor, 1,2,3)	No. of Baths (1, 1 ½,2)	Indicate Yes/No					Included in Base Rent						Comments		
		Owner	Tenant	Vacant						Subsidized	Furnished	Laundry in Suite	Balcony	Fireplace	Parking		Indicate Yes/No						
															No. of Stalls	Type (Surface, Covered, Underground)	Electrified (Y/N)	Satellite/Cable	Heat	Electrical		Water	



<b>Certification: I hereby certify that the attached information is true and correct.</b>				
Signature:				
Name (Please print)		Title:		
Date:				
Daytime Phone #		Email:		
<b>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.</b>				
I hereby certify that the attached information is true and correct.				
Signature		Title		
Date		Phone #		
Email				

### Additional Comments

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.