

2024 Multi-Residential Property Information Request Form

		Owner Co	ontact					
Roll Number:								
Property Address:								
Property Owner:								
Phone Number:								
Building Name:								
Contact Person (Please print)							
Name								
Position								
Company Name								
Phone Number								
E-mail Address								
Property Manager's N On Site Caretaker: (Phone Number: Phone Number:				
Caretaker Suite:	<u> </u>	I						
Does the Caretaker or Solution State Network State Networ	res 🗆 No		What r	What rent is being charged for 2024?				
Certification: I h	ereby certif	y that the attach	ed infor	mation is true an	d correct.			
Signature:								
Name (Please print)			Tit	le:				
Date:								
Daytime Phone #			Em	ail:				
Please ensure that ea comments or notes n					If any other			
	For Office Use O	nly.						
Data Entered by:	Date:		loll					

Reviewed by _____ Date: _____ □ I&E Survey □ Attributes

Initials_____ Date (DD/MM/YEAR) ____/___/



2024 Income and Expenses

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

Roll Number:

Civic Address:

12 Month Fiscal Period Ending: ____ For partial year only please provide: Start Date: _____ End Date: ____

_____ # of Months __

RENTAL INCOME	\$ Amount	OPERATING EXPENSES	\$ Amount
Potential Rent (100% Occupancy)		Insurance	
Laundry		Management Fees	
Parking		Advertising	
Other Rent (Explain)		Heating	
Total Potential Income		Electricity	
		Water and Sewer	
		Total Utilities (water/sewer, electricity, and heating if combined)	
Vacancy	\$ Amount	Building Maintenance & Repairs	
Apartment Vacancy in Dollars		Grounds Maintenance	
Apartment Incentives		Legal & Audit	
Apartment Collection Loss		Security	
		Supplies and Materials (Office, etc.)	
		Garbage Removal & Exterminating	
Capital/Renovation Expenses	\$ Amount	Janitorial/Cleaning Services	
• • •		Elevators	
		Property Taxes	
		Other Operating Expenses (Explain)	
		Total Property Expenses	

Building Maintenance & Repairs: Those expenses that normally recur annually and/or are necessary to keep the property operating.

Capital/Renovations Expenses: Those expenses that do not occur annually, involving replacement of worn out or obsolete components where replacement is of significant duration and cost i.e. boilers, windows, doors, roof, etc.

Amenities included in Rent	Circle one	Amenities Included in Rent	Circle one		
Heat	Yes / No	Air Conditioning	Yes / No		
Electricity	Yes / No	Dishwasher	Yes / No		
Water/Sewer	Yes / No	In – Suite Laundry	Yes / No		
Parking	Yes / No	Coin Operated Laundry	Yes / No		
Cable TV	Yes / No				

Initials_____ Date (DD/MM/YEAR) ____/___/



2024 Multi-Residential Rent Roll

Roll Number:(If required, please photo-copy for larger complexes or attach a copy of the rent roll)Page

Page _____ of _____

Total Number of Units _____

Suite Unit Siz Number (sq ft)		Rental Type (Check One)		acant	Monthly Rent (\$)	Indicate Yes or No (Y/N)			Floor (Basement, 1 st , 2 nd , etc.)	No. of Bedrooms (Bachelor,	Type of Parking (Check One)			Parking Rent (\$) (if not included		
			Tenant	Owner	Vacant	# of Months Vacant		Subsidized	Month to Month	Balcony/Deck		1, 2, 3, etc.)	Surface	Underground	Garage	in monthly rent)

Initials_____ Date (DD/MM/YEAR) ____/___/