

	F&A – Property Income Questionnaire – Apartment Buildings – 2024 Reassessment	Finance & Administration
Property Income Questionnaire – Apartment Buildings – 2024 Reassessment		
Account Information		SECTION 1
Tax Map Number _____ Property Address _____ Owner Name _____		
Building Information		SECTION 2
Building Name _____ Year Built _____ Year Renovated _____ Number of Stories _____ Type of Heat: Oil Gas Electric Other _____ Construction Type: Wood Frame Steel Concrete Other _____ Total Number of Apartment Units _____ Total Commercial Area (sf) _____		
Property Sale and Appraisal Information		SECTION 3
Has the property been sold in the last five years: Yes No If yes, please provide: Sale Date _____ Sale Price _____ Has the property been listed for sale in the last five years: Yes No If yes, please provide: List Date _____ List Price _____ Has the property been appraised in the last five years (see below): Yes No <p>Note: If an appraisal has been completed on the subject property within the last 5 years, please forward a copy of the report with this submission. If an appraisal has not been completed within the last 5 years complete the following declaration:</p> <p>I hereby declare that there has not been an appraisal completed for any purpose on this property in the past five years.</p> Print Name _____ Date _____ Signature _____		

Financial Information	SECTION 4
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Details are to be provided by Owners for each of the two (2) years 2020 and 2021 for fiscal or operating year end. A copy of the Statement of Operations (the Income and Expense portion of the Annual Financial Statements) must accompany this form upon submission.

**Please also include rental info in Section 8 & 9.*

Details provided are for: Fiscal Year End Operating Year End

Please provide date: _____

Operating Income for Fiscal or Operating Year Ending

	2020	2021
Apartment Rental Income		
Commercial Rental Income		
Parking Income		
Recovery Income		
Laundry Income		
Other Income: _____ (Please specify and list each income type and amount on a separate page if necessary)		
Total Gross Income Collected		

Monthly Parking and Storage Information (as of December 31, 2021)

Type	Number of Stalls/Units	Monthly Rate per Stall/Unit
In-Building Parking		
Garage Parking		
Surface/Rooftop Parking		
Storage Units		

Appliances Included in Rent

If any appliances are included in the apartment rent, please include the total number for the building for each category listed below:

# of Fridges		# of Stoves	
# of Microwaves		# of Dishwashers	
# of Washers		# of Dryers	

F&A – Property Income Questionnaire – Apartment Buildings – 2024 Reassessment		Finance & Administration
Financial Information continued		SECTION 4
Operating Expenses for Fiscal or Operating Year Ending		
	2020	2021
Management		
Administration		
Salaries & Benefits		
Utilities: Electricity		
Heat (non-electric)		
Cable/Internet		
Common Area Cleaning		
Waste Removal		
Repairs and Maintenance		
Elevator Maintenance		
Landscaping, Parking & Snow Removal		
Security		
Professional Fees – Legal & Audit		
Property Insurance		
Advertising		
General Office Supplies		
Property Taxes		
Water Taxes		
Other Expenses _____ (Please specify and list each expense type and amount on a separate page if necessary)		
Total Operating Expenses*		-
*Before interest on mortgage debt, depreciation or amortization, capital cost allowance and any other non-operating expenses		
Net Operating Income		

F&A – Property Income Questionnaire – Apartment Buildings – 2024 Reassessment		Finance & Administration	
Financial Information continued			SECTION 4
Identify Major Renovations or Capital Expenditures			
Have there been Capital Improvements or Capital Renovations completed during this reporting period? If yes, please specify below. Yes No			
Item 1:		Associated Cost*:	
Item 2:		Associated Cost*:	
Item 3:		Associated Cost*:	
Please attach a detailed list if space provided is insufficient		Total Capital Cost*:	
<i>*Exclude HST from costs provided.</i>			
Miscellaneous Details			SECTION 5
Number of Units/Leasable Area (as of December 31st)			
	2020	2021	
Number of Apartment Units Occupied			
Number of Apartment Units Vacant			
Total Number of Apartment Units			
Commercial Leasable Area Occupied (sf)			
Commercial Leasable Area Vacant (sf)			
Total Commercial Leasable Area (sf)			
Certification			
SECTION 6			
As per my signature below, I certify that all information, accompanying schedules and statements have been reviewed by me and to the best of my knowledge and belief are true, correct, and complete.			
Name (Please Print)_____			
Position_____			
I am: Owner/Employee Agent/Management Company			
Signature_____Date_____			
Phone _____Email_____			

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Privacy Notice		SECTION 7
<p>The information on this form is collected by the City of St. John's under the authority of the Assessment Act, 2006 and will be used for property valuation and assessment purposes. The City of St. John's is committed to the protection of personal information under the Access to Information and Protection of Privacy Act, 2015. The City will only access, use, and disclose your personal information with your consent or where it is permitted or required by law. Questions about the collection and use of the information may be directed to the Assessment Market Analyst by telephone: 576-8112 or by email: questionnaires@stjohns.ca.</p>		
<p>Return all pages by email, mail, and/or fax to:</p>	<p>Assessment Division P.O. Box 908 10 New Gower Street St. John's, NL A1C 5M2 Email: questionnaires@stjohns.ca Fax: 709-576-8603</p>	<p>For further information/questions, contact the Assessment Market Analyst: Phone: 709-576-8112</p>
<p>To learn more about the assessment process please refer to: http://www.stjohns.ca/living-st-johns/your-property/assessment</p>		

Apartment Rental Information (as of December 31, 2021)															SECTION 8	
Note: Information must be reported for the entire property including vacant units.										Note: Please also include a rent roll with your submission						
						INCLUDED IN RENT (Check if yes, blank if no)										
Unit Type	# of Units	# of Baths in Unit		Monthly Rent	Size of Typical Unit (sf)	Heat	Electricity (Light)	Washer/Dryer		Appliances				Cable/Internet	Furniture	Parking
# of Bedrooms		Full	Half					In Unit	Shared	Fridge	Stove	Dishwasher	Microwave			
Two Bedroom	25	1	1	\$900	950			✓		✓	✓	✓			✓	
Other (Specify below)																
Other detail:																
Superintendent/Model																
Total # of Units																

Commercial Rental Information												SECTION 9
Note: If any vacancy exists in property, list square foot area and asking rental of same						Note: A rent roll can be submitted in lieu of completing the below form <i>IF</i> it contains all requested information noted in the table below.						
Tenant Type	Location		Tenant Name or Vacant	Lease Start Date MM/DD/YYYY	Lease End Date MM/DD/YYYY	Lease Type	Area (SF)	Contract Rental Rate (PSF)	Overage or Percent Rent (psf)	Recovery Income Collected (PSF)	Total Charges (PSF)	Asking rental rate for vacant space (psf)
Office (O) Retail (R) Industrial (I) Storage (S)	Floor	Suite #	Including owner occupied if multi-tenant			Net, Semi-Gross, Gross				Operating Expense and Property Tax	Total revenue PSF received from tenant (= A + B + C)	Please specify if net / semi-gross / gross
Example 1 - Office	3	301	ABC Company	01/01/2019	12/31/2023	Net	2,500	\$25.00	\$0.00	\$12.00	\$37.00	n/a
Example 2 - Retail	1	101	Vacant	n/a	n/a	Gross	1,000	n/a	n/a	0.00	n/a	\$35.00 (gross)