

	<b>F&amp;A – Property Income Questionnaire – General Commercial– 2024 Reassessment</b>	<b>Finance &amp; Administration</b>
<b>Property Income Questionnaire – General Commercial – 2024 Reassessment</b>		
Account Information		<b>SECTION 1</b>
Tax Map Number _____ Property Address _____ Owner Name _____  If owner occupied, please indicate:      Yes                      No  Note: If the property is 100% owner occupied (no rental units), Section 4, 6, 9, & 10 can be left blank.		
Building Information		<b>SECTION 2</b>
Building Name _____ Year Built _____ Year Renovated _____ Number of Stories _____ Warehouse Height (ft) _____ Total Area (sf) _____ Office Area (sf) _____ Retail Area (sf) _____ Industrial Area (sf) _____ Storage Area (sf) _____		
Property Sale and Appraisal Information		<b>SECTION 3</b>
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  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:  I hereby declare that there has not been an appraisal completed for any purpose on this property in the past five years.  Print Name _____ Date _____  Signature _____		

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Financial Information – Revenue and Tenant Inducements		<b>SECTION 4</b>																								
<p>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.</p> <p><i>*Please also include rental info in Section 9 &amp; 10.</i></p> <p>Details provided are for:                      Fiscal Year Ending                      Operating Year Ending</p> <p style="text-align: center;">Please provide year end date _____</p> <p style="text-align: center;"><b>Operating Income</b></p> <table border="1"> <thead> <tr> <th></th> <th>2020</th> <th>2021</th> </tr> </thead> <tbody> <tr> <td>Commercial Rental Income</td> <td></td> <td></td> </tr> <tr> <td>Residential Rental Income</td> <td></td> <td></td> </tr> <tr> <td>Parking Income</td> <td></td> <td></td> </tr> <tr> <td>Recovery Income</td> <td></td> <td></td> </tr> <tr> <td>Overage/Percent Rent Income</td> <td></td> <td></td> </tr> <tr> <td>Other Income (please specify: _____)</td> <td></td> <td></td> </tr> <tr> <td>Total Gross Income Collected</td> <td></td> <td></td> </tr> </tbody> </table>				2020	2021	Commercial Rental Income			Residential Rental Income			Parking Income			Recovery Income			Overage/Percent Rent Income			Other Income (please specify: _____)			Total Gross Income Collected		
	2020	2021																								
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Overage/Percent Rent Income																										
Other Income (please specify: _____)																										
Total Gross Income Collected																										
<b>Monthly Parking and Storage Information (as of December 31, 2021)</b>																										
<b>Type</b>	<b>Number of Stalls/Units</b>	<b>Monthly Rate per Stall/Unit</b>																								
In-Building Parking																										
Garage Parking																										
Surface/Rooftop Parking																										
Storage Units																										
<b>Tenant Inducements (TI)</b>																										
<b>Tenant</b>	<b>Type of TI</b>	<b>Cost of TI</b>	<b>Lease Start</b>	<b>Lease Term</b>																						
<i>Example 1 - ABC Co.</i>	<i>Free Rent</i>	<i>2 Months Net Rent</i>	<i>2020-01-01</i>	<i>5 Years</i>																						
<i>Example 2 - 123 Co.</i>	<i>Leasehold</i>	<i>\$30 per sf</i>	<i>2021-02-05</i>	<i>10 years</i>																						
				-																						

<b>F&amp;A – Property Income Questionnaire – General Commercial – 2024 Reassessment</b>		<b>Finance &amp; Administration</b>
Financial Details – Expenses		<b>SECTION 5</b>
<b>Operating Expenses for the Fiscal or Operating Year Ending</b>		
	<b>2020</b>	<b>2021</b>
Management		
Administration		
Utilities: Electricity		
Heat (non-electric)		
Janitorial/Cleaning		
Waste Removal		
Repairs and Maintenance		
Elevator / Escalator Maintenance		
Landscaping, Parking & Snow Removal		
Security		
Professional Fees – Legal & Audit		
Property Insurance		
Advertising		
Property Taxes		
Water Taxes		
Other (please specify:_____)		
<b>Total Operating Expenses *</b>		
*Before interest on mortgage debt, depreciation or amortization, capital cost allowance and any other non-operating expenses.		
<b>Net Operating Income</b>		
<b>Identify Major Renovations or Capital Expenditures</b>		
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*:	
<b>*Exclude HST from costs provided.</b>		

<b>F&amp;A – Property Income Questionnaire – General Commercial – 2024 Reassessment</b>		<b>Finance &amp; Administration</b>
Area Details		<b>SECTION 6</b>
<b>Area Details as of December 31, 2021</b>		
	<b>2020</b>	<b>2021</b>
Commercial Leasable Area Occupied (sf)		
Commercial Leasable Area Vacant (sf)		
Total Commercial Leasable Area (sf)		
Number of Apartment Units Occupied		
Number of Apartment Units Vacant		
Total Number of Apartment Units		
Certification		<b>SECTION 7</b>
<p>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.</p> <p>Name (Please Print) _____</p> <p>Position _____</p> <p>I am:            Owner/Employee            Agent/Management Company</p> <p>Signature _____ Date _____</p> <p>Phone _____ Email _____</p>		
Privacy Notice		<b>SECTION 8</b>
<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: <a href="mailto:questionnaires@stjohns.ca">questionnaires@stjohns.ca</a>.</p>		
Return all pages by email, mail, and/or fax to:	Assessment Division P.O. Box 908 10 New Gower Street St. John's, NL A1C 5M2 Email: <a href="mailto:questionnaires@stjohns.ca">questionnaires@stjohns.ca</a> Fax: 709-576-8603	For further information/questions, contact the Assessment Market Analyst: Phone: 709-576-8112
To learn more about the assessment process please refer to: <a href="http://www.stjohns.ca/living-st-johns/your-property/assessment">http://www.stjohns.ca/living-st-johns/your-property/assessment</a>		

Commercial Rental Information												SECTION 9
<b>Note:</b> If any vacancy exists in property, list square foot area and asking rental of same						<b>Note:</b> A rent roll can be submitted in lieu of completing the below form <b><i>IF</i></b> 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		(A)	(B)	Operating Expense and Property Tax	Total revenue PSF received from tenant (= A + B + C)	Please specify if net / semi-gross / gross
										(C)		
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)

Apartment Rental Information (as of December 31, 2021)															SECTION 10	
<b>Note:</b> Information must be reported for the entire property including vacant units.								<b>Note:</b> 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																