

	F&A – Property Income Questionnaire – Seniors/Personal Care Homes – 2024 Reassessment	Finance & Administration
Property Income Questionnaire – Seniors/Personal Care Homes – 2024 Reassessment		
Account Information		SECTION 1
Tax Map Number _____ Property Address _____ Owner Name _____		
Building Information		SECTION 2
Name of Residence _____ Year Built _____ Year Renovated _____ Number of Stories _____ Construction Type: Wood Steel Concrete Other _____		
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 _____		

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Financial Information – Revenue		SECTION 4	
<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. <i>Please also include rental info in Section 9.</i></p> <p>Details are provided for: Fiscal Year Ending Operating Year Ending</p> <p style="text-align: center;">Please provide year end date_____</p> <p style="text-align: center;">Operating Revenue for Fiscal or Operating Year Ending</p>			
	2020	2021	
Personal Care Home Rental Revenue			
Retirement Home Rental Revenue			
Apartment Rental Revenue (see page 5 if applicable)			
Care Revenue			
Food Revenue			
Parking Revenue			
Other Revenue (please specify: _____)			
Total Revenue Collected:			
Personal Care Home Summary (as of December 31, 2021)			
Bed Breakdown	Number of Beds	Monthly Rate	Occupancy Rate
Private Beds			%
Semi-Private Beds			%
Ward Beds			%
Total Number of Beds			
Retirement Summary (as of December 31, 2021)			
Number of Apartment Units Occupied			
Number of Apartment Units Vacant			
Total Number of Apartment Units			

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Financial Information – Revenue continued		SECTION 4
Monthly Parking and Storage Information (as of Dec 31, 2021)		
Type	Number of Stalls/Units	Monthly Rate per Stall/Unit
In-Building Parking		
Garage Parking		
Surface/Rooftop Parking		
Storage Units		
Financial Information – Expense		SECTION 5
Operating Expenses for Fiscal or Operating Year Ending		
	2020	2021
Management		
Administration		
Supplies (Care & Housekeeping)		
Food & Beverage		
Utilities		
Telephone Expense		
Wages & Benefits (Staffing)		
Repairs and Maintenance		
Elevator Maintenance		
Landscaping, Parking & Snow Removal		
Security		
Professional Fees – Legal & Audit		
Property Insurance		
Advertising		
Travel/Vehicle		
Property Taxes		
Water Taxes		
Other (please specify):		
Total Operating Expenses*:		
*Before interest on mortgage debt, depreciation or amortization, capital cost allowance and any other non-operating expenses.		
Net Operating Income:		

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Financial Information – Expense continued			SECTION 5
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. <i>*Exclude HST from costs provided.</i>		Total Capital Cost*:	
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 _____			
Privacy Notice			SECTION 7
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 .			
Contact Information			SECTION 8
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: questionnaires@stjohns.ca 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: http://www.stjohns.ca/living-st-johns/your-property/assessment			

Apartment Rental Information (as of December 31, 2021)															SECTION 9	
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																