



Property Income Questionnaire – General Questionnaire  
2022 Reassessment

Contact Information

SECTION 1

Tax Map Number \_\_\_\_\_

Property Address \_\_\_\_\_

Owner’s Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Leasable Area: \_\_\_\_\_ Vacant Area \_\_\_\_\_

If owner occupied, please indicate:      Yes              No

Property Sale, Renovation, Appraisal

SECTION 2

- |    |  |     |    |
|----|--|-----|----|
| 1. | Was this property purchased in the past five years?        | Yes | No |
| 2. | Was this property offered for sale in the past five years? | Yes | No |
| 3. | Was this property appraised in the past five years?        | Yes | No |
| 4. | Was this property renovated in the past five years?        | Yes | No |

**Note:** If an appraisal has been completed on the subject property, 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 \_\_\_\_\_ Signature: \_\_\_\_\_

Date \_\_\_\_\_

Financial Details

**SECTION 3**

Details are to be provided by Owners for each of the three (3) years 2017, 2018, and 2019 ending December 31st. A copy of the Statement of Operations (the Income and Expense portion of the Annual Financial Statements) must accompany this form upon submission. If there are any tenants in place at this property you must also complete the Summary of Existing Tenancy Questionnaire.

*For Fiscal or Operating Year Ending*

<b>Operating Revenue</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Rental Income			
Office Rent			
Retail Rent			
Residential Rent	See Table Below	See Table Below	See Table Below
Storage Rent			
Warehouse Rent			
Parking Rent			
Furniture & Chattels Rent			
Leasehold Improvements Rent			
Other/Miscellaneous Income			
<b>Recovery Income (Recharged Operating Income)</b>			
Taxes			
Common Area Charges			
Utilities (Heat & Light)			
Management & Administration			
Other			
<b>Total Recovery Income</b>			
Rental Value of Vacant Space			
<b>Total Potential Revenue</b>			

For Residential Rent please indicate the number of units and the rent per unit. If there is a rental range per unit, you must include a copy of the rent roll with your submission.

<b>Type</b>	<b>Bachelor</b>	<b>1 Bedroom</b>	<b>2 Bedrooms</b>	<b>3 Bedrooms</b>
Rent Per Month	\$	\$	\$	\$
Number of Units				

*For Fiscal or Operating Year Ending*

<b>Operating Expenses</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Property Taxes			
Other Taxes			
Utilities (Light & Power)			
Municipal Water (Water Tax)			
Wages & Salaries (excluding management & administration)			
Maintenance & Repairs (if major, detail on separate sheet)			
Property & Liability Insurance			
Snow & Garbage Removal			
Legal, Audit, & Professional Fees			
Management & Administration			
Elevator/Escalator Expenses			
Other Expenses			
<b>Total Operating Expenses*</b>			
<b>Net Operating Income</b>			

\*Before interest on mortgage debt, depreciation or amortization, capital cost allowance and any other non-operating expenses.

**Area Details**

**SECTION 4**

*For Fiscal or Operating Year Ending*

	<b>2017</b>	<b>2018</b>	<b>2019</b>
Total Area Occupied			
Total Area Vacant			
Total Area Leasable			

**Declaration**

**SECTION 5**

By signing this form, I declare that the above information is correct to the best of my knowledge.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Notice**

**SECTION 6**

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.

Please send completed form to:

City of St. John's  
Assessment Division  
Finance & Administration  
P.O. Box 908, 10 New Gower Street  
St. John's, NL A1C 5M2

For further information:  
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