

<b>ST. JOHN'S</b>	<b>FCS – Property Income Questionnaire Apartment Buildings – 2028 Reassessment</b>	<b>Finance and Corporate Services</b>
<b>Property Income Questionnaire Apartment Buildings – 2028 Reassessment</b>		

<b>Account Information</b>	<b>SECTION 1</b>
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Parcel ID \_\_\_\_\_

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

Owner Name \_\_\_\_\_

<b>Building Information</b>	<b>SECTION 2</b>
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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) \_\_\_\_\_

Is there an elevator?:      Yes              No

<b>Property Sale and Appraisal Information</b>	<b>SECTION 3</b>
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Has the property been sold in the last five years:              Yes              No

If yes, please provide:      Sale Date (YYYY-MM-DD) \_\_\_\_\_      Sale Price \_\_\_\_\_

Has the property been listed for sale in the last five years:              Yes              No

If yes, please provide:      List Date (YYYY-MM-DD) \_\_\_\_\_      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 (YYYY-MM-DD) \_\_\_\_\_

Signature \_\_\_\_\_

Financial Information

**SECTION 4**

Details are to be provided by Owners for each of the two (2) years 2024 and 2025 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 6 and 7.**

Details provided are for:                      Fiscal Year End                      Operating Year End  
Please provide date for (YYYY-MM-DD)\_\_\_\_\_

**Operating Income for Fiscal or Operating Year Ending**

	<b>2024</b>	<b>2025</b>
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)		
<b>Total Gross Income Collected</b>		

**Monthly Parking and Storage Information (as of December 31, 2025)**

<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		

**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	

**Operating Expenses for Fiscal or Operating Year Ending**

	<b>2024</b>	<b>2025</b>
Management		
Administration		
Salaries and Benefits		
Utilities: Electricity		
Heat (non-electric)		
Cable/Internet		
Common Area Cleaning		
Waste Removal		
Repairs and Maintenance		
Elevator Maintenance		
Landscaping, Parking and Snow Removal		
Security		
Professional Fees – Legal and 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)		
<b>Total Operating Expenses*</b>		
*Before interest on mortgage debt, depreciation or amortization, capital cost allowance and any other non-operating expenses		
Net Operating Income		

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 provide description and cost excluding HST below.

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:	

Miscellaneous Details

**SECTION 5**

**Number of Units/Leasable Area (as of December 31<sup>st</sup>)**

	<b>2024</b>	<b>2025</b>
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)		

**FCS – Property Income Questionnaire  
Apartment Buildings – 2028 Reassessment**

**Finance and  
Corporate Services**

**Apartment Rental Information**

**SECTION 6**

**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										
Unit Type	# of Units	# of Baths in Unit		Average 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			
<i>Example Two Bedroom</i>	25	1	1	\$900	950			✓		✓	✓	✓			✓	
Bachelor																
One																
One + Den																
Two																
Two + Den																
Three																
Three + Den																
Other (Specify below)																
Other detail:																
Superintendent/Model																
Total # of Units																

Commercial Rental Information (if applicable) **SECTION 7**

**Note:** If any vacancy exists in property, list square foot area and asking rent for all available space.

Tenant Type	Location		Tenant Name or Vacant <i>Including owner occupied if multi-tenant</i>	Lease Start Date YYYY/MM/DD	Lease End Date YYYY/MM/DD	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)
	Floor	Suite #										
<i>Office (O) Retail (R) Industrial (I) Storage (S)</i>						<i>Net, Semi-Gross, Gross</i>		(A)	(B)	<i>Operating Expense and Property Tax</i> (C)	<i>Total revenue PSF received from tenant (= A + B + C)</i>	<i>Please specify if Net, Semi-Gross or Gross</i>
<i>Example 1 - Office</i>	3	301	<i>ABC Company</i>	<i>2019/01/01</i>	<i>2023/12/31</i>	<i>Net</i>	<i>2,500 sf</i>	<i>\$25.00</i>	<i>\$0.00</i>	<i>\$12.00</i>	<i>\$37.00</i>	<i>n/a</i>
<i>Example 2 - Retail</i>	1	101	<i>Vacant</i>	<i>n/a</i>	<i>n/a</i>	<i>Gross</i>	<i>1,000 sf</i>	<i>n/a</i>	<i>n/a</i>	<i>0.00</i>	<i>n/a</i>	<i>\$35.00 (gross)</i>



