

**Property Income Questionnaire
General Commercial – 2028 Reassessment**

Account Information

SECTION 1

Parcel ID _____

Property Address _____

Owner Name _____

If owner occupied, please indicate what percentage (%) of the building is owner occupied _____

Note: If the property is 100% owner occupied, please complete only Section 2, 3, 5 and 8.

Building Information

SECTION 2

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

SECTION 3

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

below):

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 _____

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

Details provided are for: Fiscal Year Ending Operating Year End
 Please provide year end date (YYYY-MM-DD)_____

Operating Income

| | 2024 | 2025 |
|-------------------------------------|------|------|
| Commercial Rental Income | | |
| Residential Rental Income | | |
| Parking Income | | |
| Recovery Income | | |
| Overage/Percent Rent Income | | |
| Other Income (please specify:_____) | | |
| Total Gross Income Collected | | |

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

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

Tenant Inducements (TI)

| Tenant | Type of TI | Cost of TI | Lease Start | Lease Term |
|----------------------------|------------------------------|--------------------------|-------------------|-----------------|
| <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 Improvement</i> | <i>\$30 per sf</i> | <i>2021/05/02</i> | <i>10 years</i> |
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Operating Expenses for the Fiscal or Operating Year Ending

| | 2024 | 2025 |
|---------------------------------------|-------------|-------------|
| Management | | |
| Administration | | |
| Utilities: Electricity | | |
| Heat (non-electric) | | |
| Janitorial/Cleaning | | |
| Waste Removal | | |
| Repairs and Maintenance | | |
| Elevator / Escalator Maintenance | | |
| Landscaping, Parking and Snow Removal | | |
| Security | | |
| Professional Fees – Legal and Audit | | |
| Property Insurance | | |
| Advertising | | |
| 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 | | |
|----------------------|--|--|

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: | |

Area Details as of December 31

| | 2024 | 2025 |
|--|-------------|-------------|
| 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 | | |

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| 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>Operating Expense and Property Tax</i> | | |
| <i>Office (O) Retail (R) Industrial (I) Storage (S)</i> | | | | | | <i>Net, Semi-Gross, Gross</i> | | (A) | (B) | (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> |
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| Certification | SECTION 8 |
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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 believe are true, correct, and complete.

Name (Please Print) _____

Position _____

I am: Owner/Employee Agent/Management Company

Signature _____ Date (YYYY-MM-DD) _____

Phone _____ Email _____

| | |
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| Privacy Notice | SECTION 9 |
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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 Manager of Assessment by telephone: 709-576-8233 or by email: jslaney@stjohns.ca

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| Submission | SECTION 10 |
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| Return all pages by mail, email 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 Division: Phone: 709-570-2018 |
|--|---|---|

Please note Electronic submissions must be properly saved for processing. Please ensure Section 7 is complete prior to submission.