

**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

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 31<sup>st</sup>. 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:_____)		
<b>Total Gross Income Collected</b>		

**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>

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

	<b>2024</b>	<b>2025</b>
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: _____)		
<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

**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:	

<b>Area Details as of December 31</b>		
	<b>2024</b>	<b>2025</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		

Commercial Rental Information (if applicable)	<b>SECTION 7</b>
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**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>

Certification	<b>SECTION 8</b>
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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 \_\_\_\_\_

Privacy Notice	<b>SECTION 9</b>
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Submission	<b>SECTION 10</b>
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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: <a href="mailto:questionnaires@stjohns.ca">questionnaires@stjohns.ca</a> Fax: 709-576-8603	For further information/questions, contact the Assessment Division: Phone: 709-570-2018
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