

	FCS – Property Income Questionnaire Self-Storage – 2028 Reassessment	Finance and Corporate Services
Property Income Questionnaire Self-Storage – 2028 Reassessment		

Account Information	SECTION 1
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Parcel ID _____

Property Address _____

Owner Name _____

Building Information	SECTION 2
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Building Name _____

Year Built _____ Year Renovated _____

Number of Stories _____ Total Area (sf) _____

Total Number of Self-Storage Units _____ Self Storage Area (sf) _____

Office Area (sf) _____ Retail Area (sf) _____

Other (Please Specify) _____ (sf) _____

Property Sale and Appraisal Information	SECTION 3
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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 – Revenue

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 monthly asking rental info in Section 7.**

Details provided are for: Fiscal Year Ending Operating Year Ending

Please provide year end date (YYYY-MM-DD)_____

Operating Income for Fiscal or Operating Year Ending

	2024	2025
Rental Income		
Recovery Income		
Overage/Percent Rent Income		
Other Income (please specify:_____)		
Total Gross Income Collected		

Discounts Offered

SECTION 5

Have there been discounts/incentives offered during the reporting period?

Yes No

If yes, please specify below.

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:	

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 _____

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

Submission	SECTION 10
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Return all pages 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
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