

	Property Income Questionnaire Seniors/Personal Care Homes – 2028 Reassessment
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Account Information	SECTION 1
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Parcel ID _____

Property Address _____

Owner Name _____

Building Information	SECTION 2
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Name of Residence _____

Year Built _____ Year Renovated _____

Number of Stories _____

Construction Type: Wood Steel Concrete Other _____

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 rental info in Section 6.**

Details are provided for: Fiscal Year Ending Operating Year Ending

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

Operating Revenue for Fiscal or Operating Year Ending

	2024	2025
Personal Care Home Rental Revenue		
Retirement Home Rental Revenue		
Apartment Rental Revenue (see page 5 if applicable)		
Care Revenue		
Food Revenue		
Parking Revenue		
Other Revenue (please specify: _____)		
Total Revenue Collected:		

Personal Care Home Summary (as of December 31, 2025)

Bed Breakdown	Number of Beds	Monthly Rate	Occupancy Rate (%)
Private Beds			
Semi-Private Beds			
Ward Beds			
Total Number of Beds			

Retirement Summary (as of December 31, 2025)

Number of Apartment Units Occupied	
Number of Apartment Units Vacant	
Total Number of Apartment Units	

Financial Information – Revenue continued	SECTION 4
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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		

Financial Information – Expense	SECTION 5
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Operating Expenses for Fiscal or Operating Year Ending		
	2024	2025
Management		
Administration		
Supplies (Care and Housekeeping)		
Food and Beverage		
Utilities		
Telephone Expense		
Wages and Benefits (Staffing)		
Repairs and Maintenance		
Elevator Maintenance		
Landscaping, Parking and Snow Removal		
Security		
Professional Fees – Legal and Audit		
Property Insurance		
Advertising		
Travel/Vehicle		
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:		
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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:	

