



Property Income Questionnaire – Apartment Buildings 2022 Reassessment

Contact Information

SECTION 1

Tax Map Number _____

Property Address _____

Owner’s Name _____

Contact Person _____

Contact Email _____

Phone Number _____

Number of Units: _____ (include Commercial or Complimentary, i.e., Management)

Property Vacancy, Sale, Renovation, Appraisal

SECTION 2

Vacancy Rate for 2017: _____%; 2018: _____%; 2019: _____%

- 1. Was this property purchased in the past five years? Yes No
- 2. Was this property offered for sale in the past five years? Yes No
- 3. Was this property appraised in the past five years? Yes No
- 4. Was this property renovated in the past five years? Yes No

Note: If an appraisal has been completed on the subject property, 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 _____ Signature: _____

Date _____

If the apartment building has a commercial component, please also complete the Summary of Existing Tenancy Questionnaire and include with your submission.

Rental Information **SECTION 3**

Please indicate the number of units and the rent per unit. Actual collected rent and number of units required. Do not indicate a range. If there is a rental range per unit, you must include a copy of the rent roll with your submission.

Type	Bachelor	1 Bedroom	2 Bedrooms	3 Bedrooms
Rent Per Month	\$	\$	\$	\$
Number of Units				

Financial Details **SECTION 4**

For the Fiscal or Operating Year Ending

Operating Revenue	2017	2018	2019	Office Use Only
Rental Income				
Rental Value of Vacant Space				
Commercial Rental Revenue				
Laundry Income				
Parking				
Other/Miscellaneous				
Total Rental Income				

Please indicate if the total rental income includes parking: Yes No

Please indicate if the total rental income includes appliances: Yes No

If yes please indicated (total for Building):

No. of Refrigerators _____ No. of Washers/Dryers _____
 No. of Stoves _____ Other (explain) _____
 No. of Dishwashers _____

For the Fiscal or Operating Year Ending

Operating Expenses	2017	2018	2019	Office Use Only
Property Tax				
Water Tax				
Other Taxes				
Utilities (Heat & Light)				
Wages & Salaries (excluding management & administration)				
Common Area Cleaning				
Maintenance & Repairs				
Painting & Decorating				
Property & Liability Insurance				
Snow & Garbage Removal				
Legal, Audit, & Professional Fees				
Management & Administration				
Elevator Expenses				
Advertising				
Other Expenses				
Total Operating Expenses*				
Net Operating Income				

*Before interest on mortgage debt, depreciation or amortization, capital cost allowance and any other non-operating expenses.

Declaration

SECTION 5

By signing this form, I declare that the above information is correct to the best of my knowledge.

Print Name _____ Signature _____

Date _____

Collection Notice

SECTION 6

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.

Please send completed form to:

City of St. John's
Assessment Division
Finance & Administration
P.O. Box 908, 10 New Gower Street
St. John's, NL A1C 5M2

For further information:
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