



Property Income Questionnaire – Seniors Homes  
2022 Reassessment

Contact Information

SECTION 1

Tax Map Number \_\_\_\_\_

Property Address \_\_\_\_\_

Owner’s Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Property Sale, Renovation, Appraisal

SECTION 2

- |    |  |     |    |
|----|--|-----|----|
| 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: \_\_\_\_\_

**Financial Details**

**SECTION 3**

Details are to be provided by Owners for each of the three (3) years 2017, 2018, and 2019 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

<b>Unit</b>	<b>Unit Count</b>	<b>Monthly Rate</b>	<b>Total (Annual)</b>	
Studio				
1 Bedroom				
2 Bedroom				
Other				
<b>Total Unit Count</b>		<b>Potential Gross Revenue</b>		
<b>For Fiscal or Operating Year Ending</b>				
<b>Revenues</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>Office Use Only</b>
Suites Income				
Care Income				
Ancillary				
Parking/Other				
<b>Total Revenue</b>				

Financial Details Continued

**SECTION 3**

<b>Expenses</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>Office Use Only</b>
Management & Administration				
Marketing				
Food & Beverage				
Wages & Benefits (Staffing)				
Salon				
Supplies (Care & Housekeeping)				
Recreation				
Repairs & Maintenance				
Insurance				
Property Taxes				
Municipal Water (Water Tax)				
Other Expenses				
<b>Total Operating Expenses</b> Before mortgage interest, depreciation or amortization, capital cost allowance, inter- company rental arrangements & other non-operating expenses.				
<b>Net Operating Income</b>				

Declaration

**SECTION 4**

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

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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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