



PLEASE PRINT

FIN 1013

FINANCIAL MANAGEMENT

**PROPERTY INCOME QUESTIONNAIRE  
APARTMENT BUILDINGS  
2016 Re-Assessment**

CONTACT INFORMATION (to be completed by the applicant):

**SECTION 1**

Account Number:

Location of Property:

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

Name of Owner:

Contact Person:

Email of Contact:

Phone Number:

**SECTION 2**

Average percentage of vacancy for 2011: \_\_\_\_\_ %; 2012: \_\_\_\_\_ %; 2013: \_\_\_\_\_ %

Please indicate (x) if this property was purchased, offered for sale, appraised or renovated within the last five (5) years.

**Purchased:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Listed for sale:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Appraised:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Renovated:** Yes \_\_\_\_\_ No \_\_\_\_\_

**If an appraisal has been completed, please forward a copy of the report with this submission.**

Please indicate the number of units and the rent per unit:

Type	Bachelor	1 Bedroom	2 Bedrooms	3 Bedrooms
Rent Per Month	\$	\$	\$	\$
# of units				

For Fiscal Year Ending

**OPERATING REVENUE**

Rental Income  
 Rental Value of Vacant Space  
 Office/Concession Rent  
 Laundry Income  
 Miscellaneous  
 Parking  
 Other  
**Total Rental Income**

2011	2012	2013	(Office Use Only)

Please indicate if the total rental income includes parking? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate if the total rental income includes appliances? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes) No. of Refrigerators \_\_\_\_\_ No. of Washers/Dryers \_\_\_\_\_  
 No. of Stoves \_\_\_\_\_ Other (explain) \_\_\_\_\_  
 No. of Dishwashers \_\_\_\_\_

**OPERATING EXPENSES**

	2011	2012	2013	(Office use only)
Property Tax				
Water Tax				
Other Taxes				
Heating				
Electricity				
Wages & Salaries (excluding Mgmt. & Admin.)				
Common Area Cleaning & Housekeeping				
Maintenance & Repairs				
Painting & Decorating				
Property & Liability Insurance				
Supplies				
Snow & Garbage Removal				
Legal, Audit & Professional Fees				
Management & Administration				
Elevator Expenses				
Advertising				
Other Expenses				
<b>Total Operating Expenses</b>				
<b>NET OPERATING INCOME</b>				

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

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

Phone No: \_\_\_\_\_ Position: \_\_\_\_\_

This form has been completed by \_\_\_\_\_ on behalf of the property owner. Any enquiries should be directed to:

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Please mail completed form to:

City of St. John's  
Assessment Division,  
Financial Management  
P.O. Box 908  
St. John's NL A1C 5M2

For more information:

Call: Gareth Griffiths (709) 576-8233  
E-mail: [assessment@stjohns.ca](mailto:assessment@stjohns.ca)  
Fax: (709) 576-8603