



PLEASE PRINT

FIN 1013

FINANCE AND ADMINISTRATION

**PROPERTY INCOME QUESTIONNAIRE
APARTMENT BUILDINGS 2019 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 2014: _____ %; 2015: _____ %; 2016: _____ %

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.

I hereby declare that there has not been an appraisal completed for any purpose on this property in the last 5 years

DATE: _____

SIGNATURE: _____

POSITION: _____

Please indicate the number of units and the rent per unit: Actual rent and number of units required, please do not provide a range.

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/Retail/Concession Rent
 Laundry Income
 Miscellaneous
 Parking
 Other
Total Rental Income

2014	2015	2016	(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

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

Total Operating Expenses***NET OPERATING INCOME**

	2014	2015	2016	(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				
Total Operating Expenses*				
NET OPERATING INCOME				

* 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,
Finance & Administration
P.O. Box 908
St. John's NL A1C 5M2

For more information:

Call: Gareth Griffiths (709) 576-8233

E-mail: assessment@stjohns.ca

Fax: (709) 576-8603

ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA