



PLEASE PRINT

FIN1011

FINANCE AND ADMINISTRATION

**PROPERTY INCOME QUESTIONNAIRE
GENERAL QUESTIONNAIRE 2019 Re-Assessment**

CONTACT INFORMATION (to be completed by the applicant):

SECTION 1

Account Number:

Location of Property:

Name of Owner:

Contact Person:

Email of Contact:

Phone Number:

Leasable Area:

Vacant Area:

SECTION 2

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 on the subject property, 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: _____

Particulars to be furnished by Owners for each of the **three (3) years 2014, 2015 & 2016 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.

<i>FOR THE FISCAL OR OPERATING YEAR ENDING</i>			
<i>OPERATING REVENUE</i>	<i>2014</i>	<i>2015</i>	<i>2016</i>
<i>Rental Income</i>			
<i>Office Rent</i>			
<i>Retail Rent - Basic</i>			

<i>Storage Rent</i>			
<i>Warehouse Rent</i>			
<i>Parking Rent</i>			
<i>Furniture & Chattels Rent</i>			
<i>Leasehold Improvements Rent</i>			
<i>Miscellaneous Income</i>			
OTHER			
RECOVERY INCOME (Recharged Operating Income)			
<i>Taxes</i>			
<i>Common Area Charges</i>			
<i>Heating/Air Conditioning</i>			
<i>Electricity</i>			
<i>Management & Administration</i>			
<i>Other</i>			-
TOTAL RECOVERY INCOME			
<i>Total Actual Revenue (Rental & Recovery)</i>			
<i>Rental Value of Vacant Space</i>			
Total Potential Revenue			

	2014	2015	2016
OPERATING EXPENSES:			
<i>Property Taxes</i>			
<i>Other Taxes</i>			
<i>Heating</i>			
<i>Air Conditioning</i>			
<i>Electricity (Light & Power)</i>			
<i>Water</i>			
<i>Wages & Salaries (excluding management & administration)</i>			
<i>Cleaning & Housekeeping</i>			
<i>Maintenance & Repairs (if major repairs, detail on separate sheet)</i>			
<i>Painting & Decorating</i>			

CONTINUED

SECTION 3

<i>Property & Liability Insurance</i>			
<i>Supplies</i>			
<i>Snow & Garbage Removal</i>			
<i>Legal, Audit & Professional Fees</i>			
<i>Management & Administration</i>			
<i>Elevator/Escalator Expenses</i>			
<i>Other Expenses</i>			
TOTAL OPERATING EXPENSES*			
NET OPERATING INCOME			

	2014	2015	2016
Total Area Occupied			
Total Area Vacant			-
Total Area Leaseable			

ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA

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

Date: _____ Signature: _____ Position: _____ Phone: _____

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