



**2022 Property Income and Expense Questionnaire
HOTEL / MOTEL / ACCOMMODATION PROPERTY TYPES**

Information for year ending December 31, 2020

Page 1 of 3

GENERAL ACCOUNT INFORMATION (please provide the following data from your Income and Expense request letter)	
Assessment Account Identifier (eg 01234567-54-0306)	PARID - JUR - LUC
Property Location	LOCATION
Owner	OWN1 OWN2
Corporate Email Address	

BUILDING INFORMATION			
Hotel / Motel Name		LEVEL OF SERVICE - Identify below applicable: Yes or No	
Year Built		Limited	
Year Renovated		Select	
Number of Stories		Full	
Number of Months Open		Commercial Rental Tenants*	
Number of Rooms		*If yes, fill out tenant rent schedule found on Page 3	
Average Occupancy over the previous 12 months		Commercial Space Occupied (sq ft)	0
Rev PAR (Revenue per Available Room)		Commercial Space Vacant (sq ft)	0
What was the Average Daily Room Rate (ADR) over the previous 12 month period? (Total Gross room revenue divided by total number of rooms sold)			

FINANCIAL INFORMATION for fiscal period ending (DD/MM/YYYY):	
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ACTUAL REVENUE	
Room Sales	
Food and Beverage Sales	
Telephone Income	
Laundry Income	
On-site Garage / Parking Income	
Minor Operating Income	
Government Assistance Income (Including Tax Rebate)	
Other Income (please specify): _____	
Commercial Rental Income (if applicable, please complete page 3)	
Total Annual Gross Income	0.00

Return ALL PAGES to PVSC by email, mail and/or fax:		Contact PVSC regarding any questions or information at:	
Email:	inquiry@pvsc.ca	Phone:	1-800-380-7775 (Within North America) 1-902-893-5800 (Outside North America)
Fax:	1-888-339-4555 (Within North America) 1-902-893-6101 (Outside North America)	Website:	www.pvsc.ca
Mail:	Suite 6, 15 Arlington Place Truro, NS B2N 0G9		

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Please provide your Assessment Account Identifier, as entered on Page 1:	PARID - JUR - LUC
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DEPARTMENTAL EXPENSES	
Cost of Room Sales	
Cost of Food and Beverage Sales	
Telephone Expense	
Laundry Expense	
On-site Garage / Parking Expense	
Minor Operating Expense	
Other Direct Expense	
Total Departmental Expenses	0.00

GENERAL EXPENSES	
Management	
Administration	
Office Staff and Supplies	
Advertising and Promotion	
Utilities	
Repairs & Maintenance	
Franchise Fees	
Professional Fees - Legal and Audit	
Property Insurance (12 months)	
Additional COVID-19 Related Expenses (Specify)	
Other Expense (Specify)	
Total General Expenses	0.00

NET OPERATING INCOME (before Depreciation, Debt Service or Realty Taxes)	
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Identify Major Renovations or Capital Expenditures			
Have there been Capital Improvements or Capital Renovations completed during this reporting period? If yes, please specify below.		Yes []	No []
Item 1:		Associated Cost:	
Item 2:		Associated Cost:	
Please attach a detailed list if space provided is insufficient		Total Capital Cost:	0.00

CERTIFICATION: As per my signature below, I certify that all information, accompanying schedules and statements have been reviewed by me and to the best of my knowledge and belief are true, correct and complete.		
Name (Please Print)	Position	I am: [] Owner / Employee [] Agent / Management Company
Signature and Email of Signatory	Phone	Date (DD/MM/YYYY)

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TOTAL ACTUAL RECOVERABLE EXPENSES (CAM)	Area (SF)	Operating Expenses (PSF)	Property Taxes (PSF)
Retail Tenant			
Office Tenants			
Other (please specify)			

MONTHLY PARKING and STORAGE INFORMATION		
Type	Number of Spaces / Units	Rate Per Space / Unit
On-site Indoor Parking		
On-site Outdoor Parking		
On-site Storage Units		

COMMERCIAL RENTAL INFORMATION

TENANT TYPE	LOCATION		TENANT NAME OR VACANT	LEASE START DATE DD/MM/YYYY	LEASE END DATE DD/MM/YYYY	AREA OCCUPIED (SF)	AREA VACANT (SF)	CONTRACT RENT (PSF)	OVERAGE OR PERCENT RENT (PSF)	EXPENSES INCLUDED IN RENT (PSF)	RECOVERY INCOME / CAM (PSF) COLLECTED		TOTAL CHARGES (PSF)	MARKET RENT (PSF) FOR VACANT SPACE
	FLOOR	SUITE #									OPERATING EXPENSE	PROPERTY TAX EXPENSE		
OFFICE [O] RETAIL [R] WAREHOUSE [W] STORAGE [S]			Must include all owner occupied space							Report for "Gross"/ "Semi-Gross" or "Base Year" leases only			Total revenue PSF received from tenant	Please provide asking rent on vacant area; if gross rent indicate with an asterisk (*)
								(A)	(B)		(C)	(D)	(=A + B + C + D)	
													0.00	
													0.00	
													0.00	
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													0.00	

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	AREA TOTALS	0	0
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