

2022 Property Income and Expense Questionnaire

MINI HOME PARK PROPERTIES

Information for year ending December 31, 2020

Page 1 of 2



GENERAL ACCOUNT INFORMATION (please provide the following data from your Income and Expense request letter)

Assessment Account Identifier (eg 01234567-54-0107)	PARID - JUR - LUC
Property Location	LOCATION
Owner	OWN1 OWN2
Corporate Email Address	

PARK NAME

PROPERTY INFORMATION as of (DD/MM/YYYY):

Number of Rental Sites	x	Rent Per Site	x	Months	Annual Rental Revenue
sample: 100	x	\$150	x	12	\$180,000
	x		x		0.00
	x		x		0.00
	x		x		0.00
	x		x		0.00
Potential Rental Income at 100% occupancy					0.00

FINANCIAL INFORMATION for fiscal period ending (DD/MM/YYYY):

REVENUE COLLECTED

Rental Site Revenue	
Government Assistance Income	
Other Income (please specify)	
Total Revenue Collected	0.00

INCOME LOSSES

Income Loss due to Vacancy	
Income Loss due to Bad Debt	
Bad Debt related to COVID-19	
Deferrals related to COVID-19	
Total Income Losses	0.00

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

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Date Received:	Date Scanned:	Date Logged:	Date Input:



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Page 2 of 2

Please provide your Assessment Account Identifier, as entered on Page 1:	PARID - JUR - LUC
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OPERATING EXPENSES	
Management	
Administration	
Salaries and Benefits	
Utilities	
Water & Sewer	
Waste Removal	
Repairs & Maintenance	
Grounds, Parking & Snow Removal	
Professional Fees - Legal & Audit	
Property Insurance (12 months)	
Advertising	
General Office Supplies	
Travel / Vehicle	
Additional COVID-19 Related Expenses (please specify)	
Other (please specify)	
Total Operating Expenses	0.00

NET OPERATING INCOME (before Depreciation, Debt Service & 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	Phone	Date
Email of Signatory		

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