

## 2025 Property Income and Expense Questionnaire HOTEL / MOTEL / ACCOMMODATION PROPERTY TYPES

\*Information for year ending December 31, 2023\*

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| Assessment Account Identifier (eg 01234  | 4567-54-0306)   | PARID - JUR - LUC                 |                                       |  |  |  |  |  |
|--|---|-----------------------------------|---------------------------------------|--|--|--|--|--|
| Property Location  |   | LOCATION                          |                                       |  |  |  |  |  |
| Owner  |   | OWN1 OWN2                         |                                       |  |  |  |  |  |
| Corporate Email Address  |   |                                   |                                       |  |  |  |  |  |
| BUILDING INFORMATION   |   |                                   |                                       |  |  |  |  |  |
| Hotel / Motel Name   |   | LEVEL OF SERVICE - Ident          | tify below applicable: Yes or No      |  |  |  |  |  |
| Year Built   | I   | Limited                           |                                       |  |  |  |  |  |
| Year Renovated   |   | Select                            |                                       |  |  |  |  |  |
| Number of Stories  | I   | Full                              |                                       |  |  |  |  |  |
| Number of Months Open  |   | Commercial Rental Tenants*        |                                       |  |  |  |  |  |
| Number of Rooms  |   | *If yes, fill out tenant rent     | t schedule found on Page 3            |  |  |  |  |  |
| Average Occupancy<br>over the previous 12 months   |   | Commercial Space Occupied (sq ft) |                                       |  |  |  |  |  |
| Rev PAR (Revenue per Available Room)   |   |                                   |                                       |  |  |  |  |  |
| What was the <b>Average Daily Room Rate</b><br>(ADR) over the previous 12 month<br>period? (Total Gross room revenue<br>divided by total number of rooms sold) |   | Commercial Space Vacant (sq ft)   |                                       |  |  |  |  |  |
| FINANCIAL INFORMATION for fisc   | cal period ending (DD/MM/YYYY):   |                                   |                                       |  |  |  |  |  |
| ACTUAL REVENUE   |   |                                   |                                       |  |  |  |  |  |
| Room Sales   |   |                                   |                                       |  |  |  |  |  |
| Food and Beverage Sales  |   |                                   |                                       |  |  |  |  |  |
| Telephone Income   |   |                                   |                                       |  |  |  |  |  |
| Laundry Income   |   |                                   |                                       |  |  |  |  |  |
| On-site Garage / Parking Income  |   |                                   |                                       |  |  |  |  |  |
| Minor Operating Income   |   |                                   |                                       |  |  |  |  |  |
| Other Income (please specify):   |   |                                   |                                       |  |  |  |  |  |
| Commercial Rental Income (if applicable, p   | please complete page 3)   |                                   |                                       |  |  |  |  |  |
| Total Annual Gross Income  |   |                                   | 0.                                    |  |  |  |  |  |
| Return ALL PAGES to PVS  | SC by email, mail and/or fax:   | Contact PVSC regarding an         | y questions or information at:        |  |  |  |  |  |
| Email:   | inquiry@pvsc.ca   | Phone:                            | 1-800-380-7775 (Within North America) |  |  |  |  |  |
| Fax:   | 1-888-339-4555 (Within North America)<br>1-902-893-6101 (Outside North America) |                                   | 1-902-893-5800 (Outside North America |  |  |  |  |  |
| Mail:  | Suite 6, 15 Arlington Place<br>Truro, NS B2N 0G9                                | Website                           | www.pvsc.ca                           |  |  |  |  |  |
|  | ***OFFICE U   | JSE ONLY***                       |                                       |  |  |  |  |  |
| Date Received:   | Date Scanned:   | Date Logged:                      | Date Input:                           |  |  |  |  |  |
| []   | ++  |                                   | · · ·                                 |  |  |  |  |  |
| 1  |   |                                   |                                       |  |  |  |  |  |
| 1  |   |                                   |                                       |  |  |  |  |  |
| · · ·  | 1   | 1                                 |                                       |  |  |  |  |  |
| 1  | 1   | l                                 |                                       |  |  |  |  |  |

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



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| Please provide y                       | your Assessment Account Identit   | I on Page 1: | PARID - JUR - LUC       |   |  |
|--|---|--------------|-------------------------|---|--|
| DEPARTMENTA                            | L EXPENSES  |              |                         |   |  |
| Cost of Room Sales                     |   |              |                         |   |  |
| Cost of Food and Be                    | everage Sales   |              |                         |   |  |
| Telephone Expense                      |   |              |                         |   |  |
| Laundry Expense                        |   |              |                         |   |  |
| On-site Garage / Pa                    | rking Expense   |              |                         |   |  |
| Minor Operating Exp                    | pense   |              |                         |   |  |
| Other Direct Expens                    | e   |              |                         |   |  |
| Total Departmental                     | l Expenses  |              |                         | 0.00  |  |
| GENERAL EXPE                           | INSES   |              |                         |   |  |
| Management                             |   |              |                         |   |  |
| Administration                         |   |              |                         |   |  |
| Office Staff and Sup                   | plies   |              |                         |   |  |
| Advertising and Pror                   | motion  |              |                         |   |  |
| Utilities                              |   |              |                         |   |  |
| Repairs & Maintenar                    | nce   |              |                         |   |  |
| Franchise Fees                         |   |              |                         |   |  |
| Professional Fees -                    | Legal and Audit   |              |                         |   |  |
| Property Insurance (                   | (12 months)   |              |                         |   |  |
| Other Expense (Spe                     | ecify)  |              |                         |   |  |
| Total General Expe                     | enses   |              |                         | 0.00  |  |
| NET OPERATING ING (before Depreciation | COME<br>, Debt Service or Realty Taxes)   |              |                         |   |  |
| Identify Major R                       | enovations or Capital Expenditu   | res          |                         |   |  |
|  | pital Improvements or Capital Renovatior<br>period? If yes, please specify below. | ns completed | Yes [ ]                 | No [ ]  |  |
| Item 1:                                |   |              | Associated Cost:        |   |  |
| Item 2:                                |   |              | Associated Cost:        |   |  |
| Please attach a deta                   | ailed list if space provided is insufficient                                      |              | Total Capital Cost:     | 0.00  |  |
|  | I: As per my signature below, I ce<br>wed by me and to the best of my             | -            | · · · ·                 | -   |  |
| Name (Please Print)                    |   | Position     |                         | I am:<br>[] Owner / Employee<br>[] Agent / Management Company |  |
| Signature and Email of S               | Signatory   | Phone        |                         | Date (DD/MM/YYYY)   |  |
|  | n ALL PAGES to PVSC<br>mail, mail and/or fax:                                     | Contact      | t PVSC regarding any qu | uestions or information at:                                   |  |
| Email:                                 | inquiry@pvsc.ca<br>1-888-339-4555 (Within North                                   | Phone:       |                         | 75 (Within North America)<br>00 (Outside North America)       |  |
| Fax:<br>Mail:                          | 1-902-893-6101 (Outside North America)<br>Suite 6, 15 Arlington Place             | Website      |                         | ww.pvsc.ca  |  |
| iviaii.                                | Truro, NS B2N 0G9   |              |                         |   |  |



1-888-339-4555

Suite 6, 15 Arlington Place

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Website:

Fax:

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|  |              |  | ccount Identifier, as entered or      |   |                  |   | RID - JUR - L | -  |   | l  |                        |         |   |   |
|--|--------------|--|---------------------------------------|---|------------------|---|---------------|--|---|--|------------------------|---------|---|---|
| TOTAL ACTUAL RECOVERABLE<br>EXPENSES (CAM) Area (SF)     |              | Operating Expenses<br>(PSF) Property Taxes (PSF) |                                       | axes (PSF)                              |                  | MONTHLY                                       |               | PARKING and STORAGE INFORMATION  |   |  |                        |         |   |   |
| etail Tenant   | ail Tenant   |  |                                       |   |                  |   | Туре          | Number   |   | Spaces / Units   | Rate Per Space / Unit  |         |   |   |
| ffice Tenants  |              |  |                                       |   |                  |   |               |  | On-site Indoor  | Parking  |                        |         |   |   |
| ther (please spec  | cify)        |  |                                       |   |                  |   |               |  | On-site Outdoo  | r Parking  |                        |         |   |   |
|  |              |  |                                       |   |                  |   |               |  | On-site Storage   | e Units  |                        |         |   |   |
| OMMERCIAL  | RENTAL INF   | ORMAT  | ION                                   |   |                  |   |               |  |   |  |                        |         |   |   |
| TENANT TYPE  | LOCATIO      | DN   | TENANT NAME OR VACANT                 |   | CONTRACT<br>RENT | T OVERAGE OR EXPENSE<br>PERCENT RENT INCLUDED |               |  | RECOVERY INCOME / CAM (PSF)<br>COLLECTED T(<br>OPERATING PROPERTY TAX |  | MARKET RE<br>(PSF) FOF |         |   |   |
|  | FLOOR        | SUITE #  |                                       | DD/MM/YYYY                              | DD/MM/YYYY       | (SF)  | (SF)          | (PSF)  | (PSF)   | RENT (PSF)   | EXPENSE                | EXPENSE | (PSF)                                     | VACANT SE   |
| OFFICE [O]<br>RETAIL [R]<br>'AREHOUSE (W)<br>STORAGE [S] |              |  | Must include all owner occupied space |   |                  |   |               | For step-up or<br>renewal leases<br>indicate rent<br>payable as of<br>relevant year end. |   | Report for "Gross"/<br>"Semi-Gross" or<br>"Base Year" leases<br>only |                        |         | Total revenue PSF<br>received from tenant | Please pro<br>asking ren<br>vacant are<br>gross rei<br>indicate wit |
|  |              |  |                                       |   |                  |   |               | (A)  | (B)   |  | (C)                    | (D)     | (=A + B + C + D)                          | asterisk (  |
|  |              |  |                                       |   |                  |   |               |  |   |  |                        |         | 0.00                                      |   |
|  |              |  |                                       |   |                  |   |               |  |   |  |                        |         | 0.00                                      |   |
|  |              |  |                                       |   |                  |   |               |  |   |  |                        |         | 0.00                                      |   |
|  |              |  |                                       |   |                  |   |               |  |   |  |                        |         | 0.00                                      |   |
|  |              |  |                                       |   |                  |   |               |  |   |  |                        |         | 0.00                                      |   |
|  |              |  |                                       |   |                  |   |               |  |   |  |                        |         | 0.00                                      |   |
|  |              |  |                                       |   |                  |   |               |  |   |  |                        |         | 0.00                                      |   |
|  |              |  |                                       |   |                  |   |               |  |   |  |                        |         | 0.00                                      |   |
| O NOT ENTER I  | N THIS ROW / | PVSC USE   | EONLY                                 | I                                       |                  |   |               | +  | +   | <u>.</u>   | <u>.</u>               | +       |   | <b>I</b>  |
|  |              |  |                                       | AREA T                                  | OTALS            | 0   | 0             |  |   |  |                        |         |   |   |
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| Fax:   |              | 1-8  | 388-339-4555                          |   |                  |   |               | orth America)  |   |  |                        |         |   |   |

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