

MULTI-RESIDENTIAL PROPERTIES (including COMMERCIAL/RETAIL MIX TYPES) *Information for the year ending December 31, 2023*

Page 1 of 4

| ENERAL ACCOUNT INFORMATION (please provide the following data from your Income and Expense request letter) | | | | | | |
|--|-----------|--|--|--|--|--|
| Assessment Account Identifier (eg. 01234567-54-0101) PARID - JUR - LUC | | | | | | |
| Property Location | LOCATION | | | | | |
| Owner | OWN1 OWN2 | | | | | |
| Corporate Email | | | | | | |

| UILDING INFORMATION | | | | | | | |
|---------------------|--|---|--|--|--|--|--|
| Year Built | | Type of Heat | | | | | |
| Year Renovated | | (Oil/Gas/Electric/Other) | | | | | |
| Number of Stories | | Construction Type (Wood Frame or Concrete) | | | | | |

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

| REVENUE COLLECTED | APARTMENT UNITS | COMMERCIAL SPACE |
|-------------------------------------|-----------------|------------------|
| Rental Income | | |
| Recovery Income | | |
| Parking Rental Income | | |
| Antenna / Telecommunications Income | Not Applicable | |
| Other Income (please specify) | | |
| Total Revenue Collected | 0.00 | 0.00 |

| INCOME LOSSES | APARTMENT UNITS | COMMERCIAL SPACE |
|-----------------------------|-----------------|------------------|
| Income Loss due to Vacancy | | |
| Income Loss due to Bad Debt | | |

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|-------------------------|--|---------------------------|--|
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| Fax: | 1-888-339-4555 (Within North America) | | 1-902-893-5800 (Outside North America) |
| 1 45.1 | 1-902-893-6101 (Outside North America) | | |
| Mail: | Suite 6, 15 Arlington Place | Website: | www.pvsc.ca |
| Wall. | Truro, NS B2N 0G9 | | |

| ***OFFICE USE ONLY*** | | | | | | | | |
|-----------------------|---------------|--------------|-------------|--|--|--|--|--|
| Date Received: | Date Scanned: | Date Logged: | Date Input: | | | | | |
| | | | | | | | | |
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MULTI-RESIDENTIAL PROPERTIES (including COMMERCIAL/RETAIL MIX TYPES) *Information for the year ending December 31, 2023*

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PARID - JUR - LUC

Please provide your Assessment Account Identifier, as entered on Page 1:

| BUILDING EXPENSES | |
|---|------|
| Management | |
| Administration | |
| Salaries & Benefits | |
| Utilities: Electricity | |
| Heat (non-electric) | |
| Water and Sewer | |
| HVAC | |
| Cable | |
| Waste Removal | |
| Repairs and Maintenance | |
| Elevator Maintenance | |
| Grounds, Parking & Snow Removal | |
| Security | |
| Professional Fees - Legal & Audit | |
| Property Insurance (12 months) | |
| Advertising | |
| Leasing Incentives & Inducements | |
| General Office Supplies | |
| Travel / Vehicle | |
| Other (please specify): | |
| Total Expenses | 0.00 |
| NET OPERATING INCOME (before Depreciation, Debt Service & Realty Taxes) | |

| dentify Major Renovations or Capital Expenditures | | | | | | | | |
|---|---|------------------|--|------|--|--|--|--|
| Have there been Capital Improven specify below. | Yes [] | No [] | | | | | | |
| Item 1: | | Associated Cost: | | | | | | |
| Item 2: | | Associated Cost: | | | | | | |
| Please provide a detailed list if spa | Please provide a detailed list if space provided is insufficient. | | | 0.00 | | | | |

| - | er my signature below, I certify that all info of my knowledge and belief are true, corre | | schedules and statements have been reviewed |
|--------------------------------|--|-----------------|---|
| Name (Please Print) | | Position | I am: [] Owner / Employee [] Agent / Management Company |
| Signature / Email of Signatory | | Phone | Date (DD/MM/YYYY) |
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PARID - JUR - LUC

| TOTAL ACTUAL RECOVERABLE EXPENSES (CAM) | Area (SF) | Operating Expenses (PSF) | Property Taxes (PSF) |
|--|-----------|-----------------------------|----------------------|
| Retail Tenants: Anchor | | | |
| Retail Tenants: Ancillary | | | |
| Office Tenants | | | |
| Warehouse Tenants | | | |
| Food Court Tenants | | | |
| Free Standing Units | | | |

| 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 | | | | | | | | | |

| TENANT TYPE | LOCATION | | | LEASE START | LEASE END | AREA | AREA | CONTRACT | OVERAGE OR | EXPENSES | RECOVERY INCOME / CAM (PSF) COLLECTED | | | MARKET RENT |
|--|----------|---------|---------------------------------------|--------------------|--------------------|------------------|----------------|--|-----------------------|--|--|-------------------------|---|---|
| | FLOOR | SUITE # | TENANT NAME OR VACANT | DATE DD/MM/YYYY | DATE DD/MM/YYYY | OCCUPIED (SF) | VACANT (SF) | RENT (PSF) | PERCENT RENT (PSF) | INCLUDED IN RENT (PSF) | OPERATING EXPENSES | PROPERTY TAX EXPENSE | - TOTAL CHARGES (PSF) | (PSF) FOR VACANT SPACE |
| OFFICE [O] RETAIL [R] /AREHOUSE (W) STORAGE [S] | | | Must include all owner occupied space | | | | | For step-up or renewal leases indicate rent payable as of relevant year end. | | 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 | |
| | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | 0.00 | |

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Property Valuation Services Corporation

PARID - JUR - LUC

| APARTMENT F | RENTAL INF | ORMATION (if a | pplicable) | | | | | | | | | | |
|---|-------------|-------------------------|-----------------|------------------------|------------------------------|--------------|--------------|--------------|--------------|--------------|-----------|--------------|-----------|
| INFORMATION MUST BE REPORTED FOR THE ENTIRE PROPERTY INCLUDING VACANT UNITS | | | | INCLUDED IN RENT | | | | | | | | | |
| Unit Type | | Number of Baths in Unit | | Average | Size of Typical | Heat | Electricity | Washer/Dryer | | Dishwasher | Microwave | Cable | Furniture |
| # of Bedrooms | # of Units | Full | Half | Monthly Rent | Unit (SF) | neat | Electricity | In Unit | Shared | Distiwastier | WICIOWave | Cable | Furniture |
| Sample One Bedroom | 25 | 1 | 1 | \$725 | | \checkmark | \checkmark | | \checkmark | \checkmark | | \checkmark | |
| Bachelor | | | | | | | | | | | | | |
| One | | | | | | | | | | | | | |
| One + Den | | | | | | | | | | | | | |
| Two | | | | | | | | | | | | | |
| Two + Den | | | | | | | | | | | | | |
| Three | | | | | | | | | | | | | |
| Three + Den | | | | | | | | | | | | | |
| Other (specify below) | | | | | | | | | | | | | |
| Other detail: | | | | | | | | | | | | | |
| Use the area b | elow to rep | oort on the Super | intendent or Mo | del Unit, if app | licable - DO N | IOT INCLUDE | IN UNITS RE | PORTED ABO | OVE | | | | |
| Unit Type | # of Units | # Bedrooms | # Baths | Market Monthly Rent | Size of Typical Unit (SF) | Heat | Electricity | Washer/Dryer | | Dishwasher | Microwave | Cable | Furniture |
| | | | | | | | | In Unit | Shared | Distiwasher | incrowave | Cable | Turniture |
| * Superintendent/ Model | | | | | | | | | | | | | |
| TOTAL UNITS | 0 | | | | | | | | | | | | |

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