

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		

RETURN ALL PAGES TO PVS	SC by email, mail and/or fax to:	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)		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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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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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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