



**2027 Property Income and Expense Questionnaire  
HOTEL / MOTEL / ACCOMMODATION PROPERTY TYPES**

\*Information for year ending December 31, 2025\*

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

Assessment Account Identifier (eg 01234567-54-0306)	
Property Location	
Owner	
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)	
Rev PAR (Revenue per Available Room)		Commercial Space Vacant (sq ft)	
What was the <b>Average Daily Room Rate (ADR)</b> 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):**

**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, please complete page 3)	
<b>Total Annual Gross Income</b>	

**Return ALL PAGES to PVSC by email, mail and/or fax:**

**Contact PVSC regarding any questions or information at:**

Email:	<a href="mailto:inquiry@pvsc.ca">inquiry@pvsc.ca</a>	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	<a href="http://www.pvsc.ca">www.pvsc.ca</a>

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



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

**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	
<b>Total Departmental Expenses</b>	

**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)	
Other Expense (Specify)	
<b>Total General Expenses</b>	

**NET OPERATING INCOME**  
(before Depreciation, Debt Service or Realty Taxes)

**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:	

**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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