



**2027 Property Income and Expense Questionnaire**  
**MULTI-RESIDENTIAL PROPERTIES (including COMMERCIAL/RETAIL MIX TYPES)**  
 \*Information for the year ending December 31, 2025\*  
 Page 1 of 4

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

Assessment Account Identifier (eg. 01234567-54-0101)	
Property Location	
Owner	
Corporate Email	

**BUILDING INFORMATION**

Year Built		Type of Heat (Oil/Gas/Electric/Other)	
Year Renovated			
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)		
<b>Total Revenue Collected</b>		

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

RETURN ALL PAGES TO PVSC by email, mail and/or fax to:		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) 1-902-893-5800 (Outside North America)
Fax:	1-888-339-4555 (Within North America) 1-902-893-6101 (Outside North America)	Website:	<a href="http://www.pvsc.ca">www.pvsc.ca</a>
Mail:	Suite 6, 15 Arlington Place Truro, NS B2N 0G9		

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

Page 2 of 4

**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): _____	
<b>Total Expenses</b>	

**NET OPERATING INCOME (before Depreciation, Debt Service & 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 provide 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 / Email of Signatory	Phone	Date (DD/MM/YYYY)

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## 2027 Property Income and Expense Questionnaire

### MULTI-RESIDENTIAL PROPERTIES (including COMMERCIAL/RETAIL MIX TYPES)

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

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

#### APARTMENT RENTAL INFORMATION (if applicable)

INFORMATION MUST BE REPORTED FOR THE ENTIRE PROPERTY INCLUDING VACANT UNITS						INCLUDED IN RENT							
Unit Type		Number of Baths in Unit		Average Monthly Rent	Size of Typical Unit (SF)	Heat	Electricity	Washer/Dryer		Dishwasher	Microwave	Cable	Furniture
# of Bedrooms	# of Units	Full	Half					In Unit	Shared				
Sample One Bedroom	25	1	1	\$725		√	√		√	√		√	
Bachelor													
One													
One + Den													
Two													
Two + Den													
Three													
Three + Den													
Other (specify below)													
Other detail:													

#### Use the area below to report on the Superintendent or Model Unit, if applicable - DO NOT INCLUDE IN UNITS REPORTED ABOVE

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				
* Superintendent/ Model													
TOTAL UNITS													

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