2027 Property Income and Expense Questionnaire
OFFICE / RETAIL / INDUSTRIAL 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			
Building Name		Occupied Area	
Year Built		Vacant Area	
Year Renovated		Total Area	
Number of Stories		Construction Type	
Warehouse Story Height			(Wood, Concrete/Masonry, Steel)

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

REVENUE COLLECTED	
Office Rental Income	
Retail Rental Income	
Warehouse Rental Income	
Apartment Rental Income	
Parking Rental Income	
Antenna / Telecommunications Income	
Recovery Income	
Overage / Percent rent	
Other Income (please specify)	
Total Gross Income Collected	

INCOME LOSS due to VACANCY		INCOME LOSS due to BAD DEBT	
Apartments		Apartments	
Retail Tenants: Anchor		Retail Tenants: Anchor	
Retail Tenants: Ancillary		Retail Tenants: Ancillary	
Office Tenants		Office Tenants	
Warehouse Tenants		Warehouse Tenants	

Return ALL PAGES to PVSC by email, mail and/or fax:		Contact PVSC regarding any questions or information at:	
Email:	inquiry@pvsc.ca	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	**www.pvsc.ca**
Mail:	Suite 6, 15 Arlington Place Truro, NS B2N 0G9		

OFFICE USE ONLY			
Date Received:	Date Scanned:	Date Logged:	Date Input:

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OPERATING EXPENSES (Report for 12 months)	**NON-RECOVERABLE (not due to vacancy)**	**RECOVERABLE**
Management		
Administration		
Utilities: Electricity		
Heat (non-electric)		
Water and Sewer		
HVAC		
Janitorial / Cleaning		
Waste Removal		
Repairs and Maintenance		
Elevator / Escalator Maintenance		
Grounds, Parking & Snow Removal		
Security		
Professional Fees - Legal & Audit		
Property Insurance (12 months)		
Advertising		
Leasing Commissions		
Leasing Incentives & Inducements		
Travel / Vehicle		
Other (please specify):_____		
Total Operating Expenses (excluding taxes)		

Property Taxes		

NET OPERATING INCOME (before Depreciation and Debt Service)	

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 / Email of Signatory	**Phone**	**Date**

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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		

COMMERCIAL RENTAL INFORMATION

TENANT TYPE	LOCATION		TENANT NAME OR VACANT	LEASE START DATE DD/MM/YYYY	LEASE END DATE DD/MM/YYYY	AREA OCCUPIED (SF)	AREA VACANT (SF)	CONTRACT RENT (PSF)	OVERAGE OR PERCENT RENT (PSF)	EXPENSES INCLUDED IN RENT (PSF)	RECOVERY INCOME / CAM (PSF) COLLECTED		TOTAL CHARGES (PSF)	MARKET RENT (PSF) FOR VACANT SPACE
	FLOOR	SUITE #									OPERATING EXPENSES	PROPERTY TAX EXPENSE		
OFFICE [O] RETAIL [R] WAREHOUSE (W) STORAGE [S]			Must include all owner occupied space					For step-up or renewal leases indicate rent payable as of relevant year end. (A)	(B)	Report for "Gross"/ "Semi-Gross" or "Base Year" leases only	(C)	(D)	Total revenue PSF received from tenant (=A + B + C + D)	Please provide asking rent on vacant area; if gross rent indicate with an asterisk (*)
DO NOT ENTER IN THIS ROW / PVSC USE ONLY														
				AREA TOTALS										

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APARTMENT RENTAL INFORMATION (if applicable)

INFORMATION MUST BE REPORTED FOR THE ENTIRE PROPERTY INCLUDING VACANT UNITS

Unit Type		Number of Baths in Unit		Average Monthly Rent	Size of Typical Unit (SF)	INCLUDED IN RENT							
						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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