2028 Property Income and Expense Questionnaire

MINI HOME PARK PROPERTIES

Information for year ending December 31, 2026

GENERAL ACCOUNT INFORMATION (please provide the following data from your Income and Expense request letter)	
Assessment Account Identifier (eg 01234567-54-0107)	
Property Location	
Owner	
Corporate Email Address	

PARK NAME	

PROPERTY INFORMATION as of (DD/MM/YYYY):					
Number of Rental Sites	x	Rent Per Site	x	Months	Annual Rental Revenue
sample: 100	x	$150	x	12	$180,000
	x		x		
	x		x		
	x		x		
	x		x		
Potential Rental Income at 100% occupancy					

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

REVENUE COLLECTED	
Rental Site Revenue	
Other Income (please specify)	
Total Revenue Collected	

INCOME LOSSES	
Income Loss due to Vacancy	
Income Loss due to Bad Debt	
Total Vacancy and Bad Debt Loss	

Return ALL PAGES to PVSC by email or mail:		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)
Mail:	Suite 6, 15 Arlington Place Truro, NS B2N 0G9		
Note: As of January 1, 2027, PVSC no longer accepts or sends documents by fax.		Website	www.pvsc.ca

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

Property Valuation Services Corporation

2028 Property Income and Expense Questionnaire

MINI HOME PARK PROPERTIES

Information for year ending December 31, 2026

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

OPERATING EXPENSES	
Management	
Administration	
Salaries and Benefits	
Utilities	
Water & Sewer	
Waste Removal	
Repairs & Maintenance	
Grounds, Parking & Snow Removal	
Professional Fees - Legal & Audit	
Property Insurance (12 motnhs)	
Advertising	
General Office Supplies	
Travel / Vehicle	
Other (please specify)	
Total Operating Expenses	

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

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