2028 Property Income and Expense Questionnaire

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

Information for the year ending December 31, 2026

GENERAL ACCOUNT INFORMATION (please provide the following data from your Income and Expense request letter)	
Assessment Account Identifier (eg. 01234567-54-0101)	
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)		
Total Revenue Collected		

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

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

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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	

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

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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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

Unit Type		Number of Baths in Unit		Average Monthly Rent	Size of Typical Unit (SF)	INCLUDED IN RENT							
								Washer/Dryer					
# of Bedrooms	# of Units	Full	Half			Heat	Electricity	In Unit	Shared	Dishwasher	Microwave	Cable	Furniture
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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