Property Valuation Services Corporation

# 2028 Property Income and Expense Questionnaire

**NURSING HOME AND RETIREMENT RESIDENCE PROPERTY TYPES**

*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 54-0113)** | |
| Property Location | |
| Owner | |
| Corporate Email Address | |

| BUILDING INFORMATION | | | |
|---|---|---|---|
| **Name of Residence:** | | Number of Stories | |
| Year Built | | Construction Type (wood, concrete, steel) | |
| Year Renovated | | On-site Kitchen Facilities | [ ] Yes [ ] No |
| | | On-site Laundry Facilities | [ ] Yes [ ] No |

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

**NURSING HOME SUMMARY**

| Bed Breakdown | Number of Beds | Per Diem Rate as of April 1, 2021 |
|---|---|---|
| Private Beds | | |
| Semi-Private Beds | | |
| Ward Beds | | |
| Total Number of Beds | | |
| Occupancy Rate (Percent) | | |

**RETIREMENT SUMMARY**

| Unit Type | Number of Units | Average Monthly Rent | Annual Rent Per Unit Type | In Room Kitchenette | Furnished |
|---|---|---|---|---|---|
| Sample One Bedroom | 25 | $3,000 | $36,000 | √ | √ |
| Bachelor | | | | | |
| One Bedroom | | | | | |
| Two Bedroom | | | | | |
| Ocupancy Rate | | | | | |

**ACTUAL REVENUE**

| | | | |
|---|---|---|---|
| Nursing Home Revenue (incl gov't funding) | | Charitable Donations | |
| Retirement Home Revenue | | Food Revenue | |
| Apartment Revenue (if appliable see pg 3) | | Commercial Tenants (if applicable, please complete page 4) | |
| Endowment Funds | | Parking Revenue | |
| | | Other (please specify): _____ | |
| **Total Revenue Collected** | | | |

| 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)<br>1-902-893-5800 (Outside North America) |
| Mail: | Suite 6, 15 Arlington Place<br>Truro, NS B2N 0G9 | Website | www.pvsc.ca |
| Note: As of January 1, 2027, PVSC no longer accepts or sends documents by | | | |

| ***OFFICE USE ONLY*** | | | |
|---|---|---|---|
| Date Received: | Date Scanned: | Date Logged: | Date Input: |
| | | | |

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

| **OPERATING EXPENSES** | |
|---|---|
| Management | |
| Administration | |
| Cost of Room Sales | |
| Salaries & Benefits | |
| Dietary Supplies and Services | |
| Utilities | |
| Telephone Expense | |
| Repairs and Maintenance | |
| Elevator Maintenance | |
| Grounds, Parking & Snow Removal | |
| Security | |
| Professional Fees - Legal & Audit | |
| Property Insurance | |
| Advertising | |
| Travel / Vehicle | |
| Minor Operating Expense | |
| Other (please specify): _____ | |
| **Total Operating Expenses** | |

| **NET OPERATING INCOME (before Depreciation, Debt Service & Realty Taxes)** | |
|---|---|
| Debt Service and 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:**<br>[ ] Owner / Employee<br>[ ] Agent / Management Company |
|---|---|---|
| **Signature and Email of Signatory:** | **Phone** | **Date** |

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|---|---|

| TOTAL ACTUAL RECOVERABLE EXPENSES (CAM) | Area (SF) | Operating Expenses (PSF) | Property Taxes (PSF) |
|---|---|---|---|
| Retail Tenants | | | |
| Office Tenants | | | |
| Other (please specify) | | | |

| 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 | | |

## APARTMENT RENTAL INFORMATION

| 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 details: | | | | | | | | | | | | | |
| TOTAL UNITS | | | | | | | | | | | | | |

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**COMMERCIAL RENTAL INFORMATION (if applicable)**

| 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]<br>RETAIL [R]<br>WAREHOUSE (W)<br>STORAGE [S] | | | Must include all owner occupied space | | | | | For step-up or renewal leases indicate rent payable as of relevant year end.<br>(A) | (B) | Report for "Gross"/ "Semi-Gross" or "Base Year" leases only | (C) | (D) | Total revenue PSF received from tenant<br>(=A + B + C + D) | Please provide asking rent on vacant area; if gross rent indicate with an asterisk (*) |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | AREA TOTALS | | | | | | | | | | |

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