

2024 Property Income and Expense Questionnaire HOTEL / MOTEL / ACCOMMODATION PROPERTY TYPES

Information for year ending December 31, 2022

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GENERAL ACCOUNT INFORMATI	ON (please provide the following d	ata from your Income and Expense	e request letter)					
Assessment Account Identifier (eg 0123	34567-54-0306)	PARID - JUR - LUC						
Property Location		LOCATION						
Owner		OWN1 OWN2						
Corporate Email Address								
BUILDING INFORMATION								
Hotel / Motel Name		LEVEL OF SERVICE - Identify below applicable: Yes or No						
Year Built		Limited						
Year Renovated		Select						
Number of Stories		Full						
Number of Months Open		Commercial Rental Tenants*						
Number of Rooms		*If yes, fill out tenant rent	schedule found on Page 3					
Average Occupancy over the previous 12 months		Commercial Space Occupied (sq ft)	0					
Rev PAR (Revenue per Available Room)								
What was the Average Daily Room Rate (ADR) over the previous 12 month period? (Total Gross room revenue divided by total number of rooms sold)		Commercial Space Vacant (sq ft)	0					
FINANCIAL INFORMATION for fise	cal period ending (DD/MM/YYYY):							
Room Sales		[
Food and Beverage Sales								
Telephone Income								
Laundry Income								
On-site Garage / Parking Income								
Minor Operating Income								
Government Assistance Income (Including	J Tax Rebate)							
Other Income (please specify):								
Commercial Rental Income (if applicable, I	please complete page 3)							
Total Annual Gross Income			0.00					
Return ALL PAGES to PVS	C by email, mail and/or fax:	Contact PVSC regarding any questions or information at:						
Email:	<u>inquiry@pvsc.ca</u>		1-800-380-7775 (Within North America)					
	1-888-339-4555 (Within North America)	Phone:	1-902-893-5800 (Outside North America)					
Fax:	1-902-893-6101 (Outside North America)							
Mail:	Suite 6, 15 Arlington Place Truro, NS B2N 0G9	Website	www.pvsc.ca					
	OFFICE L	ISE ONLY						
Date Received:	Date Scanned:	Date Logged:	Date Input:					
		033-4.						



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Please provide your Assessment Account Identifier, as entered on Page 1: PARID - JUR - LUC							
DEPARTMENTAL EXPENSES							
Cost of Room Sales							
Cost of Food and Beverage Sales							
Telephone Expense							
Laundry Expense							
On-site Garage / Parking Expense							
Minor Operating Expense							
Other Direct Expense							
Total Departmental Expenses			0.00				
GENERAL EXPENSES							
Management							
Administration							
Office Staff and Supplies							
Advertising and Promotion							
Utilities							
Repairs & Maintenance							
Reserves for Replacement							
Franchise Fees							
Professional Fees - Legal and Audit							
Property Insurance (12 months)							
Additional COVID-19 Related Expenses (Specify)							
Other Expense (Specify)							
Total General Expenses			0.00				
NET OPERATING INCOME (before Depreciation, Debt Service or Realty Taxes)							
Identify Major Renovations or Capital Expenditur	res						
Have there been Capital Improvements or Capital Renovatior 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:	0.00					
CERTIFICATION: As per my signature below, I ce have been reviewed by me and to the best of my Name (Please Print)	-		-				
			[] Owner / Employee [] Agent / Management Company				
Signature and Email of Signatory	Phone		Date (DD/MM/YYYY)				
Return ALL PAGES to PVSC by email, mail and/or fax:	Contact	Contact PVSC regarding any questions or information at:					
Email: <u>inquiry@pvsc.ca</u> 1-888-339-4555 (Within North	Phone:		775 (Within North America) 00 (Outside North America)				
Fax: 1-902-893-6101 (Outside North America)	Website						

Request for Information by Property Valuation Services Corporation under Section 20 of the Nova Scotia Assessment Act

www.pvsc.ca

Website

Suite 6, 15 Arlington Place

Truro, NS B2N 0G9

Mail:



1-888-339-4555

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ice Tenants	, , , , , , , , , , , , , , , , , , ,			Operating Expenses (PSF)		Property Taxes (PSF)		MONTHLY PARKING and STORAGE INFORMATION					
		Retail Tenant				1	Туре		Number of Spaces / Units		Rate Per Space / Unit		
ner (please specify)							On-site Indoor Parking						
	ther (please specify)							On-site Outdoo	r Parking				
								On-site Storage	e Units				
MMERCIAL REI		ION											
ENANT TYPE	LOCATION	TENANT NAME OR VACANT	LEASE START DATE DD/MM/YYYY	DATE	AREA OCCUPIED (SF)	AREA VACANT (SF)	CONTRACT RENT (PSF)	OVERAGE OR PERCENT RENT (PSF)	EXPENSES INCLUDED IN RENT (PSF)		COME / CAM (PSF) LECTED PROPERTY TAX EXPENSE	TOTAL CHARGES (PSF)	MARKET RE (PSF) FOF VACANT SPA
FFICE [0] ETAIL [R] REHOUSE (W) TORAGE [S]		Must include all owner occupied space					For step-up or renewal leases indicate rent payable as of relevant year end.		Report for "Gross"/ "Semi-Gross" or "Base Year" leases only			Total revenue PSF received from tenant	Please provi asking rent vacant area gross rent indicate with
							(A)	(B)		(C)	(D)	(=A + B + C + D)	asterisk (*
												0.00	
												0.00	
												0.00	
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												0.00	
												0.00	
NOT ENTER IN TH	HIS ROW / PVSC USE	EONLY											
			AREA T	OTALS	0	C)						

1-902-893-5800 (Outside North America)

www.pvsc.ca