



**2024 Property Income and Expense Questionnaire**  
**MULTI-RESIDENTIAL PROPERTIES (including COMMERCIAL/RETAIL MIX TYPES)**  
\*Information for the year ending December 31, 2022\*  
Page 1 of 4

**GENERAL ACCOUNT INFORMATION (please provide the following data from your Income and Expense request letter)**

Assessment Account Identifier (eg. 01234567-54-0101)	PARID - JUR - LUC
Property Location	LOCATION
Owner	OWN1 OWN2
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	
Government Assistance Income		
Other Income (please specify)		
<b>Total Revenue Collected</b>	<b>0.00</b>	<b>0.00</b>

INCOME LOSSES	APARTMENT UNITS	COMMERCIAL SPACE
Income Loss due to Vacancy		
Income Loss due to Bad Debt		
Bad Debt related to COVID-19		
Deferrals related to COVID-19		

RETURN ALL PAGES TO PVSC by email, mail and/or fax to:		CONTACT PVSC regarding any questions or information at:	
Email:	<a href="mailto:inquiry@pvsc.ca">inquiry@pvsc.ca</a>	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:	<a href="http://www.pvsc.ca">www.pvsc.ca</a>
Mail:	Suite 6, 15 Arlington Place Truro, NS B2N 0G9		

**\*\*\*OFFICE USE ONLY\*\*\***

Date Received:	Date Scanned:	Date Logged:	Date Input:

<b>Please provide your Assessment Account Identifier, as entered on Page 1:</b>	PARID - JUR - LUC
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**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	
Additional COVID-19 Related Expenses (please specify)	
Other (please specify): _____	
<b>Total Expenses</b>	<b>0.00</b>

<b>NET OPERATING INCOME (before Depreciation, Debt Service &amp; Realty Taxes)</b>	
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**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:	0.00

**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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TOTAL ACTUAL RECOVERABLE EXPENSES (CAM)	Area (SF)	Operating Expenses (PSF)	Property Taxes (PSF)	MONTHLY PARKING and STORAGE INFORMATION		
Retail Tenants: Anchor				Type	Number of Spaces / Units	Rate Per Space / Unit
Retail Tenants: Ancillary				On-site Indoor Parking		
Office Tenants				On-site Outdoor Parking		
Warehouse Tenants				On-site Storage Units		
Food Court Tenants						
Free Standing 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		(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 (*)
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
DO NOT ENTER IN THIS ROW / PVSC USE ONLY														
				AREA TOTALS		0	0							

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APARTMENT RENTAL INFORMATION (if applicable)

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 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	0												

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