

# 2024 Property Income and Expense Questionnaire OFFICE / RETAIL / INDUSTRIAL PROPERTY TYPES

\*Information for year ending December 31, 2022\*
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|   |                                     | Page 1 of                    | 4                |                              |  |  |  |
|---|-------------------------------------|------------------------------|------------------|------------------------------|--|--|--|
| GENERAL ACCOUNT IN  | FORMATION (please provide the follo | wing data from you           | r Income and Exp | pense request letter)        |  |  |  |
| Assessment Account Identif  | ier (eg 01234567-54-0306)           | PARID - JUR - LUC            |                  |                              |  |  |  |
| Property Location   |                                     | LOCATION                     |                  |                              |  |  |  |
| Owner   |                                     |                              | OWN1 C           | WN2                          |  |  |  |
| Corporate Email Address   |                                     |                              |                  |                              |  |  |  |
| BUILDING INFORMATIO   | N                                   |                              |                  |                              |  |  |  |
| Building Name   |                                     | Occupied Area                |                  | 0                            |  |  |  |
| Year Built  |                                     | Vacant Area                  |                  | 0                            |  |  |  |
| Year Renovated  |                                     | Total Area                   |                  | 0                            |  |  |  |
| Number of Stories   |                                     | Construction Type            |                  |                              |  |  |  |
| Warehouse Story Height  |                                     |                              | (Woo             | d, Concrete/Masonry, Steel)  |  |  |  |
| FINANCIAL INFORMATION   | ON for fiscal period ending (DD/M   | M/YYYY):                     |                  |                              |  |  |  |
| REVENUE COLLECTED   |                                     |                              |                  |                              |  |  |  |
| Office Rental Income  |                                     |                              |                  |                              |  |  |  |
| Retail Rental Income  |                                     |                              |                  |                              |  |  |  |
| Warehouse Rental Income   |                                     |                              |                  |                              |  |  |  |
| Apartment Rental Income   |                                     |                              |                  |                              |  |  |  |
| Parking Rental Income   |                                     |                              |                  |                              |  |  |  |
| Antenna / Telecommunications  | s Income                            |                              |                  |                              |  |  |  |
| Recovery Income   |                                     |                              |                  |                              |  |  |  |
| Overage / Percent rent  |                                     |                              |                  |                              |  |  |  |
| Government Assistance Incom   | ne                                  |                              |                  |                              |  |  |  |
| Other Income (please specify)                                       |                                     |                              |                  |                              |  |  |  |
| Total Gross Income Collecte   |                                     |                              |                  | 0.00                         |  |  |  |
| INCOME LOSS due to V  | ACANCY                              | INCOME LOSS                  | due to BAD DE    | ВТ                           |  |  |  |
| Apartments  |                                     | Apartments                   |                  |                              |  |  |  |
| Retail Tenants: Anchor  |                                     | Retail Tenants: Ancl         | nor              |                              |  |  |  |
| Retail Tenants: Ancillary   |                                     | Retail Tenants: Ancillary    |                  |                              |  |  |  |
| Office Tenants  |                                     | Office Tenants               |                  |                              |  |  |  |
| Warehouse Tenants   |                                     | Warehouse Tenants            |                  |                              |  |  |  |
| COVID-19 Related  |                                     | Bad Debt related to COVID-19 |                  |                              |  |  |  |
|   |                                     | Deferrals related to         | COVID-19         |                              |  |  |  |
| Return ALL PAGES to   | PVSC by email, mail and/or fax:     | Contact PVSC                 | regarding any o  | questions or information at: |  |  |  |
| Email:  | inquiry@pvsc.ca                     |                              | 1-800-380-7      | 775 (Within North America)   |  |  |  |
| 1-888-339-4555 (Within North America) 1-902-893-6101 (Outside North |                                     | Phone:                       |                  | 5800 (Outside North America) |  |  |  |
| America) Suite 6, 15 Arlington Place Truro, NS B2N 0G9              |                                     | Website <u>www.</u>          |                  | ww.pvsc.ca                   |  |  |  |
|   |                                     | JSE ONLY***                  |                  |                              |  |  |  |
| Date Received:  | Date Scanned:                       | Date Lo                      | gged:            | Date Input:                  |  |  |  |
|   |                                     |                              |                  |                              |  |  |  |



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\*Information for year ending December 31, 2022\*
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Please provide your Assessment Account Identifier, as entered on Page 1: 10686997 - 54 - 0802 NON-RECOVERABLE **OPERATING EXPENSES (Report for 12 months) RECOVERABLE** (not due to vacancy) Management Administration Utilities: Electricity Heat (non-electric) Water and Sewer **HVAC** Janitorial / Cleaning Waste Removal Repairs and Maintenance Elevator / Escalator Maintenance Grounds, Parking & Snow Removal Security Professional Fees - Legal & Audit Property Insurance (12 months) Advertising Leasing Commissions Leasing Incentives & Inducements Travel / Vehicle Additional COVID-19 Related Expenses (please specify): Other (please specify): Total Operating Expenses (excluding taxes) 0.00 0.00 **Property Taxes NET OPERATING INCOME (before Depreciation and Debt Service)** Identify Major Renovations or Capital Expenditures Have there been Capital Improvements or Capital Renovations completed during this reporting period? Yes [ ] No [ ] If yes, please specify below. Associated Cost: Item 1: 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 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** l am: [] Owner / Employee [ ] Agent / Management Company Phone Signature / Email of Signatory Date Return ALL PAGES to PVSC by email, mail and/or fax: Contact PVSC regarding any questions or information at: 1-800-380-7775 (Within North America) Fmail: inquiry@pvsc.ca Phone: 1-902-893-5800 (Outside North America) 1-888-339-4555 (Within North America) Fax:

Website

www.pvsc.ca

1-902-893-6101 (Outside North America) Suite 6, 15 Arlington Place

Truro, NS B2N 0G9

Mail:



## 2024 Property Income and Expense Questionnaire OFFICE / RETAIL / INDUSTRIAL PROPERTY TYPES

\*Information for year ending December 31, 2022\*
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| Please provide your Assessment Account Identifier, as entered on Page 1: |  |
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10686997 - 54 - 0802

| TOTAL ACTUAL RECOVERABLE EXPENSES (CAM) | Area (SF) | Operating Expenses<br>(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 |                          |                       |  |  |  |  |  |  |  |
|---|--------------------------|-----------------------|--|--|--|--|--|--|--|
| Туре                                    | Number of Spaces / Units | Rate Per Space / Unit |  |  |  |  |  |  |  |
| On-site Indoor Parking                  |                          |                       |  |  |  |  |  |  |  |
| On-site Outdoor Parking                 |                          |                       |  |  |  |  |  |  |  |
| On-site Storage Units                   |                          |                       |  |  |  |  |  |  |  |

| COMMERCIA                                       | L RENTAL     | INFORMAT   | ION                                   |                    |                    |                  |                |  |                       |   |                                       |                         |  |   |
|---|--------------|------------|---------------------------------------|--------------------|--------------------|------------------|----------------|--|-----------------------|---|---------------------------------------|-------------------------|--|---|
|   | LOCATION     |            |                                       | LEASE START        |                    | AREA             | AREA           | CONTRACT   | OVERAGE OR            | EXPENSES  | RECOVERY INCOME / CAM (PSF) COLLECTED |                         | TOTAL CHARGES                          | MARKET RENT   |
| TENANT TYPE                                     | FLOOR        | SUITE #    | TENANT NAME OR VACANT                 | DATE<br>DD/MM/YYYY | DATE<br>DD/MM/YYYY | OCCUPIED<br>(SF) | VACANT<br>(SF) | RENT<br>(PSF)  | PERCENT RENT<br>(PSF) | INCLUDED IN<br>RENT (PSF)                                   | OPERATING<br>EXPENSES                 | PROPERTY TAX<br>EXPENSE | (PSF)                                  | (PSF) FOR<br>VACANT SPACE   |
| 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. | (B)                   | Report for "Gross"/ "Semi-Gross" or "Base Year" leases only | (C)                                   | (D)                     | Total revenue PSF received from tenant | Please provide<br>asking rent on<br>vacant area; if<br>gross rent<br>indicate with an<br>asterisk (*) |
|   |              |            |                                       |                    |                    |                  |                |  |                       |   |                                       |                         | 0.00                                   | )   |
|   |              |            |                                       |                    |                    |                  |                |  |                       |   |                                       |                         | 0.00                                   | )   |
|   |              |            |                                       |                    |                    |                  |                |  |                       |   |                                       |                         | 0.00                                   | )   |
|   |              |            |                                       |                    |                    |                  |                |  |                       |   |                                       |                         | 0.00                                   | )   |
|   |              |            |                                       |                    |                    |                  |                |  |                       |   |                                       |                         | 0.00                                   | )   |
|   |              |            |                                       |                    |                    |                  |                |  |                       |   |                                       |                         | 0.00                                   | )   |
|   |              |            |                                       |                    |                    |                  |                |  |                       |   |                                       |                         | 0.00                                   | )   |
|   |              |            |                                       |                    |                    |                  |                |  |                       |   |                                       |                         | 0.00                                   | )   |
| DO NOT ENTE                                     | R IN THIS RO | ow/pvsc us | E ONLY                                |                    |                    |                  |                |  |                       |   |                                       | ·                       |  |   |
|   |              |            |                                       | AREA               | ΓΟΤΑLS             | 0                | 0              |  |                       |   |                                       |                         |  |   |

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| Fax:   | 1-888-339-4555                                   | Priorie.  | 1-902-893-5800 (Outside North America) |  |  |
| Mail:  | Suite 6, 15 Arlington Place<br>Truro, NS B2N 0G9 | Website:  | www.pvsc.ca                            |  |  |



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|   |             | ORMATION (if ap   | •                |                 |                 |            |              |            |          |              |            |       |           |
|---|-------------|-------------------|------------------|-----------------|-----------------|------------|--------------|------------|----------|--------------|------------|-------|-----------|
| INFORMATION MUST BE REPORTED FOR THE ENTIRE PROPERTY INCLUDING VACANT UNITS |             |                   | INCLUDED IN RENT |                 |                 |            |              |            |          |              |            |       |           |
| Unit Type   |             | Number of E       | Baths in Unit    |                 | Size of Typical | Heat       | Electricity  | Washe      | er/Dryer | - Dishwasher | Microwave  | Cable | Furnitur  |
| # of Bedrooms   | # of Units  | Full              | Half             | Monthly Rent    | Unit (SF)       |            |              | In Unit    | Shared   | Dionwaonor   | moromavo   | Gubio | Tarmare   |
| Sample<br>One Bedroom   | 25          | 1                 | 1                | \$725           |                 | V          | √            |            | V        | √            |            | √     |           |
| Bachelor  |             |                   |                  |                 |                 |            |              |            |          |              |            |       |           |
| One   |             |                   |                  |                 |                 |            |              |            |          |              |            |       |           |
| One + Den   |             |                   |                  |                 |                 |            |              |            |          |              |            |       |           |
| Two   |             |                   |                  |                 |                 |            |              |            |          |              |            |       |           |
| Two + Den   |             |                   |                  |                 |                 |            |              |            |          |              |            |       |           |
| Three   |             |                   |                  |                 |                 |            |              |            |          |              |            |       |           |
| Three + Den   |             |                   |                  |                 |                 |            |              |            |          |              |            |       |           |
| Other<br>(specify below)  |             |                   |                  |                 |                 |            |              |            |          |              |            |       |           |
| Other detail:   |             |                   |                  |                 |                 |            |              |            |          |              |            |       |           |
| Use the area b  | elow to rep | ort on the Superi | ntendent or Mod  | el Unit, if app | licable - DO N  | OT INCLUDE | IN UNITS REI | PORTED ABO | OVE      |              |            |       |           |
| Unit Type   | # of Units  | # Bedrooms        | # Baths          | Market          | Size of Typical | Heat       | Electricity  | Washe      | er/Dryer | Dishwasher   | Microwave  | Cable | Furniture |
|   |             | # Deuroonis       | # Dauls          | Monthly Rent    | Unit (SF)       | Пеац       |              | In Unit    | Shared   | Distiwasilei | Wilcrowave | Cable | runnture  |
| * Superintendent/<br>Model  |             |                   |                  |                 |                 |            |              |            |          |              |            |       |           |
| TOTAL UNITS   | 0           |                   |                  |                 |                 |            |              |            |          |              |            |       |           |

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