

# REQUEST FOR INFORMATION

## MULTI-FAMILY PROPERTY INCOME/EXPENSE STATEMENT CONFIDENTIAL

**Property Owner:**  
**Mailing Address:**
**Filing Deadline: July 12, 2024**
**Property at address:**  
**Legal Description:**
**Assessment Roll No:**  
**Asmt Code:**

Please complete the following table with respect to all units within the property civically addressed on this form. If additional space is required, you may duplicate the table. The information received will be utilized, in mass with other similar properties, to determine market typical rents and vacancy rates for assessment purposes. **Actual rents paid, inclusive of any incentives, are required for occupied units and asking rental rates are required for vacant units.** As an alternative to completing the table below owners/managers may submit existing rent rolls, however such must address all data requests stated within the table below.

RENT ROLL AS OF JULY 1, 2024							
Unit #	Floor #	# of Bedrooms	# of Bathrooms	Unit Size (Sq.Ft.)	Occupied or Vacant	Actual Rent (inclusive of incentives)	Asking Rent for Vacant Units

Please duplicate form if additional rows are required. This form is available online at [www.reddeer.ca](http://www.reddeer.ca) in PDF format (instructions on cover letter). The information requested above can be provided in an alternative format such as an existing rent roll, however all data requests stated within the table above are required.

Please complete the following table regarding building features and amenities.

BUILDING FEATURES AND AMENITIES			
Features		Utilities Paid By:	
# of Buildings on parcel:		Electricity	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
# of Units (per building)		Heat	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Elevator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water/Garbage	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Underground Parking: # of stalls _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cablevision	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Surface Parking: # of stalls _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit/Suite Features:	
Storage Units available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow Pets (i.e. dogs and cats)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Air Conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amenities: Fitness room	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dishwasher	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amenities: Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No	In-suite Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amenities: Social/Media room	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Comments:	
Amenities: Other _____			
Amenities: Other _____			

(cont'd on opposite side-please flip over)

Please complete the following. As an alternative to the "Actual Income & Expense" table below, owners/managers may submit complete annual financial statements for the property.

ACTUAL INCOME & EXPENSES FROM JULY 1, 2023 TO JUNE 30, 2024			
Actual Income		Actual Operating Expenses (total expense to property)	
Suite Rental Income (Actual)	\$	Property Taxes:	\$
Additional Income		Heating:	\$
Parking Income:	\$	Electricity:	\$
Laundry Income:	\$	Water/Garbage:	\$
Commercial or Office Space Rental Income:	\$	Property Insurance:	\$
Security Deposit Deductions:	\$	Maintenance and Repairs:	\$
Other (Describe):	\$	Management:	\$
Other (Describe):	\$	Caretaker Wages:	\$
<b>Total Actual Rental Income:</b>	<b>\$</b>	Administration:	\$
<b>Actual Net Operating Income (NOI)</b>		Marketing/Advertisements:	\$
<b>Net Operating Income</b> (actual income less expenses)	<b>\$</b>	Cablevision:	\$
<b>Additional Information</b> (already reflected in the "Actual Income" above)		Other (Describe):	\$
Total Annual Rental Incentives:	\$	Other (Describe):	\$
Annual Income Vacancy Shortfall (\$):	\$	Other (Describe):	\$
Annual Vacancy Percentage Experienced (%):		<b>Total Actual Operating Expenses:</b>	<b>\$</b>

Major Capital Expenditures			
Comments: Please identify any capital expenditures completed between July 1, 2023 to June 30, 2024. Capital expenditures (capex) are the major, long-term expenses. They are the moneys used to add to or improve a property beyond common repairs and maintenance. Examples of capex would include HVAC replacement, roof replacement, full window replacement, new siding, replacement of paving, etc. Capex are not considered to be day-to-day operating expenses.			
Capital Expenditure	Date Complete	Total Cost	Included in Above Expenses (Yes or No)
<i>Example: Roof Replacement</i>	<i>15-Mar-21</i>	<i>\$ 45,000</i>	<i>No</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Market Information	
Has there been an appraisal on this property in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please include a copy of the appraisal report, or indicate the value, date, and purpose of appraisal:	
Has the property been listed for sale within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the listing date, asking price and listing representative (for sale by owner, name of brokerage, agent, etc.):	

Certification (please complete all sections below, as additional communications may be required)			
<b>Signatory (Name):</b>		<b>Position:</b>	
<b>E-mail Address:</b>		<b>Phone No:</b>	
<b>Signature:</b>		<b>Date:</b>	

The information collected is done so under the authority of *Municipal Government Act (MGA)* section 295(1) and used by the municipality to carry out the duties and responsibilities of an assessor under Parts 9 to 12 and the regulations. The information is protected under the *Freedom of Information and Protection of Privacy (FOIP) Act* and *Municipal Government Act* sections 299 to 301.1. If you have questions about the collection, use or protection of this information, please contact Assessment Services at:

**Phone:** 403.342.8235, **Email:** [assessment@reddeer.ca](mailto:assessment@reddeer.ca) **Address:** 4914 - 48 Ave, PO Box 5008, City Hall, Red Deer, AB T4N 3T4.

**REQUEST FOR INFORMATION**

**PARKING INCOME STATEMENT  
CONFIDENTIAL**

Filing Deadline: **July 12, 2024**

**Your property at address:  
Legal Description:**

**Assessment Roll No:  
Asmt Code:**

Please complete the following table with respect to all parking stalls within the property civically addressed on this form. If additional space is required, you may duplicate the table. The information received will be utilized, in mass with other similar properties, to determine market typical rents and vacancy rates for assessment purposes. **Actual rents paid, inclusive of any incentives, are required for occupied stalls and asking rental rates are required for vacant stalls.** As an alternative to completing the table below owners/managers may submit existing rent rolls, however such must address all data requests stated within the table below.

Parking Stall Request for Information				
Type of Arrangement	Underground - Below Grade	Surface Uncovered	Surface Covered	Parking Structure Above Grade
Total Number of Stalls				
# of 24/7 reserved stalls				
# of Public non-reserved stalls				
Market Rent Per Stall				
Asking Rent Per stall				
# Occupied				
# Vacant				

"24/7 reserved stalls"; parking stalls that are reserved 24 hours a day. 7 days a week

Please complete the following. As an alternative to the "Actual Income" table below, owners/managers may submit complete annual financial statements for the property.

Actual Income	
Parking Income (Actual)	\$
Other (Describe):	\$
Other (Describe):	\$
<b>Total Actual Parking Income:</b>	<b>\$</b>
Additional Information (already reflected in the "Actual Income" above)	
Total Annual Parking Incentives:	\$
Annual Income Vacancy Shortfall (\$):	\$
Annual Vacancy Percentage Experienced (%):	%

Certification (please complete all sections below, as additional communications may be required)			
<b>Signatory (Name):</b>		<b>Position:</b>	
<b>E-mail Address:</b>		<b>Phone No:</b>	
<b>Signature:</b>		<b>Date:</b>	

The information collected is done so under the authority of *Municipal Government Act (MGA)* section 295(1) and used by the municipality to carry out the duties and responsibilities of an assessor under Parts 9 to 12 and the regulations. The information is protected under the *Freedom of Information and Protection of Privacy (FOIP) Act* and *Municipal Government Act* sections 299 to 301.1. If you have questions about the collection, use or protection of this information, please contact Assessment Services at:

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