

REQUEST FOR INFORMATION

Multi-Residential Property Income/Expense Statement

Filing Deadline: August 7, 2019

Owner's Name: _____ Tax roll #: _____
Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

CONFIDENTIAL

With regard to your property at address: _____ Assessment Roll No: _____
Name of Building: _____ Tax Code: _____
Legal Description: _____

RENTAL SCHEDULE AS OF JULY 1, 2019

INSTRUCTIONS:

Please complete this form with the appropriate information and return it on or prior to **August 7, 2019** to the City Assessor at the address shown at the top. All information received as per this request is treated as confidential in accordance with The Freedom of Information & Protection of Privacy Act & The Municipal Government Act.

Please list below, in the appropriate column, the following:

- Column (1): Identify the location of Suite - B=Basement; M=Main Level; U=Up/Down Suite (See*Definitions below)
- Column (2): Enter the suite or unit number assigned
- Column (3) Enter the monthly gross rent charged, as if occupied

COLUMN 1	COLUMN 2				COLUMN 3
LEVEL (B/M/U)	BACHELOR	1 BEDROOM	2 BEDROOM	3 BEDROOM	RENT
<i>Example: B</i>			101		\$500
<i>M</i>	EXAMPLE ONLY				\$600
<i>B</i>			103		\$500
<i>M</i>			104		\$600
Please fill out your information below:					
Assessor's Use Only:					

***Definitions**

Type 1:

B= Basement Suite – A Fourplex unit where the sleeping quarters and living area are located in the basement or lower level.

M=Main Level Suite – A Fourplex unit where the bedrooms and living area are located on the main floor.

Type 2:

U= Up/Down – A Fourplex unit where the sleeping quarters are located in the lower level or basement, and the living area is located on the main level.

Cont'd on opposite side...please flip over

GROSS ANNUAL INCOME FROM PROPERTY

1:00 Potential Annual Rental Income
 (Note: Report above as if 100% occupied including Manager/Caretaker Suite as if rented) \$ _____

2:00 Vacancy Loss (Loss in Rental Income due to Vacancies) \$ _____

2.10 Annual Rental Incentives (if any) \$ _____

2.11 Parking \$ _____

2.12 Laundry \$ _____

Other Income (Please specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

SERVICES

INSTRUCTIONS:

A. Please indicate which services are paid by the owner and which services are paid by the tenant.

Services	Services Paid by Owner Y/N	Avg Monthly Cost per Unit	Services Paid by Tenant Y/N
Heat			
Electricity			
Water			
Garbage			
Cablevision			
Furniture			
Other - Specify			

ACTUAL EXPENSES

For Full Fiscal Year Ending _____

(Do not include mortgage interest, debt charges, or capital cost allowances)

General	Amt Paid	Assessor's Use
31 Management	\$	
32 Wages Caretaker		
33 Annual Insurance		
34 Property Taxes		
35 Heat		
36 Electricity		
37 Water		
38 Garbage		
39 Cablevision		
40 Furniture		
Maintenance		
41 Painting/Decorating		
42 Repairs/Maintenance		
43 Elevators		
44 Pool		
45 Other		
Replacement		
51 Appliances		
53 Carpets		
54 Roof		
55 Windows		
56 Paving		
Miscellaneous		
61 Supplies		
62 Legal & Audit		
63 Advertising		
64 Security Deposit Int. Pd.		
65 Bad Debt		
66 Office & Telephone		
67 Bank Charges		
68 Rental Incentives		
69 Miscellaneous		
Total Actual Expenses:		

Signature Box

Have you had an appraisal on this property since January 1, 2018 yes no

If yes, please include a copy of the appraisal report or indicate the appraised value, date of the appraisal, and its purpose.

Is your property currently listed for sale, or has it been listed within the last 12 months? yes no

If yes, what was the list price? _____

 Owner's Name (Please Print)

 Manager's Name (Please Print)

 Signature (Owner/Agent)

 Manager's Signature

 Phone Number Date

 Phone Number Date

Comments: _____

The information collected as part of this property valuation/income expense statement is done so under the authority of the Municipal Government Act (MGA) section 295(1) and is protected under the Freedom of Information and Protection of Privacy (FOIP) Act. Information will be used solely for the purpose of determining a fair and equitable assessed value of your property. If you have questions about the collection, use or protection of this information, please contact the Revenue and Assessment Services Department at 403-342-8126, 4914 - 48 Ave, PO Box 5008, fourth floor, City Hall, Red Deer, AB T4N 3T4. assessment@reddeer.ca