



REQUEST FOR INFORMATION

MULTI-FAMILY PROPERTY INCOME/EXPENSE STATEMENT
CONFIDENTIAL

Property Owner:
Mailing Address:

Filing Deadline: July 11, 2025

Your 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, 2025							
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. 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
Storage Units available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cablevision	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Allow Pets (i.e. dogs and cats)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit/Suite Features:	
Amenities: Fitness room	<input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amenities: Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No	Air Conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amenities: Social/Media room	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dishwasher	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amenities: Other		In-suite Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amenities: Other		Additional Comments:	

(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, 2024 to June 30, 2025			
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:	\$
Total Actual Rental Income:	\$	Caretaker Wages:	\$
Actual Net Operating Income (NOI)		Administration:	\$
Net Operating Income (actual income less expenses)	\$	Marketing/Advertisements:	\$
Additional Information (should be reflected in the "Actual Income" above)		Cablevision:	\$
Total Annual Rental Incentives:	\$	Other (Describe):	\$
Bad Debt-Collection Loss (this refers to rent that cannot be collected; or is non-recoverable. Bad debt is not to be mistaken for rent in arrears; rent still owing)	\$	Other (Describe):	\$
Annual Income Vacancy Shortfall (\$):	\$	Other (Describe):	\$
Annual Vacancy Percentage Experienced (%):	%	Total Actual Operating Expenses:	\$

Major Capital Expenditures			
Comments: Please identify any capital expenditures completed between July 1, 2024 to June 30, 2025. 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)
Example: Roof Replacement	15-Mar-25	\$45,000	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)			
Signatory (Name):		Position:	
E-mail Address:		Phone:	
Signature:		Date:	

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 **Address:** 4914 - 48 Ave, PO Box 5008, City Hall, Red Deer, AB T4N 3T4.

REQUEST FOR INFORMATION

PARKING INCOME STATEMENT
CONFIDENTIAL

Property Owner:
Mailing Address:

Filing Deadline: July 11, 2025

Your property 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. The information received will be utilized, in mass with other similar properties, to determine market typical rents and vacancy rates for assessment purposes.

Parking Stall Metrics			
Requested Information	Underground or Parkade Stall	Energized Surface Stall	Non-Energized Surface Stall
Total Number of Parking Stalls			
Stalls Included with Monthly Base Rent			
Numer of Additional Stalls *			
Number of Additional Stalls Currently Rented			
Monthly Rent for Additional Stall			
Designated Vistor Parking Stalls			
* Total number of additional (or extra) parking stalls available to tenants for an additional fee. Please provide the total number of additional/extra stalls regardless of occupancy.			
Additional Comments			

Parking Income	
Actual Income From July 1, 2024 to June 30, 2025	
Actual Parking Income Received From Additional (Extra) Stalls:	\$
Additional Information or Comments Regarding Parking Revenue	

Certification (please complete all sections below, as additional communications may be required)			
Signatory (Name):		Position:	
E-mail Address:		Phone:	
Signature:		Date:	

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