



ASSESSMENT SERVICES

Roll:

Civic Address:

REQUEST FOR INFORMATION

APARTMENT PROPERTY INCOME/EXPENSE STATEMENT

RENTAL SCHEDULE AS AT JULY 1, 2024

Please complete this form with the appropriate information and return it on or prior to **July 12, 2024**, to the address shown above.

	No. of Units	Monthly Rental
Bachelor suites		\$
1 Bedroom suites		\$
2 Bedroom suites		\$
3 Bedroom suites		\$

Other Income [Parking, Laundry] per month _____

SERVICES [Paid by the Owner] Avg. Month Cost

Heat _____

Electricity _____

Water _____

Other: _____

Has there been an appraisal or listing on the property since January 1, 2023? ____Yes ____No

If yes, provide appraised value or listing price. _____

CERTIFICATION I hereby certify that all information contained in this statement is true and correct.

_____	OR	_____
Owner's Name [please print]		Manager's Name [please print]
_____		_____
Signature		Signature
_____		_____
Phone Number		Phone Number
_____		_____
Date		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.



2023 NON-RESIDENTIAL PROPERTY REQUEST FOR INFORMATION

Assessment Services
FORM VERSION – NR200
Definitions on Reverse Side

REQUEST DATE:	May 3, 2024	DUE DATE:	July 12, 2024
PROPERTY ROLL NO.:		PROPERTY OWNER:	
LEGAL DESCRIPTION:		ASSESSMENT CODE:	
MUNICIPAL ADDRESS:			

RENTAL INFORMATION														
As an alternative to the table below you may enclose the rent roll and/or supplementary information. Digital or printed copies are acceptable. Submissions must address all data-sets detailed below.														
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
UNIT NUMBER	FLOOR Main, Bsmt, Mez, 2nd, etc.	OCCUPANT NAME(s) Please account for all areas of the improvement(s) including vacant areas, tenant areas, as well as owner occupied areas	OCCUPANCY T=Tenant, O=Owner, V=Vacant, R=Related to Owner	LEASED AREA Square Feet	COMMENCEMENT DATE Original date that the Tenant started occupying this area	LEASE RENEWAL DATE Most recent lease renewal	LEASE EXPIRY DATE Contract expiry date of lease. If monthly, state "Monthly"	LEASE TYPE <u>Net</u> -Base rent plus tenant pays expenses <u>Gross</u> -Base rent only with landlord paying all expenses <u>Semi-Gross</u> -Base rent plus tenant pays partial expenses	BASE RENT PAYABLE PER MONTH (Contract base rent per month excluding GST)	ANNUAL BASE RENT PER SQ.FT. (per year excluding GST)	PARKING INCOME (per month excluding GST)	SIGNAGE INCOME (per month excluding GST)	OP.COST RECOVERY PER SQ.FT. (operating costs charged to the tenant per sq.ft. excluding GST)	RENT STEP-UPS Is the lease subject to any rent step-ups - Yes/No? If "Yes", provide details on the back of this page.
100	M	Example (Tenant A)	T	1,000	MM/DD/YY	MM/DD/YY	MM/DD/YY	Net	\$1,250	\$15.00	n/a	n/a	\$4.50	No
TOTAL BUILDING SIZE (Area of all units): (including all leased, vacant and owner occupied areas)				If additional rows are required you may duplicate this page										

CERTIFICATION (please complete all categories below, as additional communications may be required):
I hereby certify that all information contained in this statement is true and correct.

See reverse for additional details. Please duplicate form if additional rows are required.
Form Version NR200 is available online at www.reddeer.ca/RASforms in PDF format (instructions on cover letter)

Name of Contact Person (Please print)	Position	Signature	Contact Phone Number	E-mail Address	Date

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):	\$
Total Actual Parking Income:	\$
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)			
Signatory (Name):		Position:	
E-mail Address:		Phone No:	
Signature:		Date:	

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