

ASSESSMENT REQUEST FOR INFORMATION – GENERAL COMMERCIAL / INDUSTRIAL

The *Municipal Government Act* (MGA) authorizes collection of this information under Sec. 295(1) and Sec. 295(4).

This information is due on or before **July 6, 2021**

CONFIDENTIAL

PROPERTY OWNER CONTACT AND CERTIFICATION – ARFI - 1

Property Address:	Tax Roll Account:
Property Owner Name:	

Please fill out the section below ONLY if the property is 100% owner occupied. (i.e. no vacant or leased space)

A property is considered "owner occupied" if the property owner, the property owner's business or related company physically occupies space or a portion of the property's land and/or building(s). **Note: If the property is 100% owner occupied, fill out this page and proceed to page 5.**

Please provide the PROPERTY OWNER'S FISCAL PERIOD ENDING between July 1, 2020 and June 30, 2021. (i.e. If the owner's fiscal period is June to May, then the period to report on these forms is June 1, 2020 to May 31, 2021) The information reported below should be taken from your most recent audited financial report.

FROM _____ 20 ____ TO _____ 20 ____

YEARLY EXPENSES – 100% OWNER OCCUPIED

Utilities		Repairs Regular/Reoccurring	
Property Tax		Repairs Capital Expenditure	
Building Insurance		Condo Fee	

RENOVATIONS (from last 5 years to current date) - When was the last significant renovation?

Date: _____

Expenditure: _____

Items Replaced: _____

APPRAISAL

Was there an appraisal done on the property in the last 3 years? Yes No

If Yes, Date of Appraisal: _____ Purpose of Appraisal: _____ Amount: _____

CERTIFICATION

All information provided herein has been examined by me and is true, current, and complete to the best of my knowledge.

Name: _____

Day Time Phone No: _____

Signature: _____

Email: _____

Date: _____

Fax No: _____

GUIDE TO COMPLETION OF COMMERCIAL TENANT ROLL – ARFI - 2

The following overview of the fields located on the **ARFI-2** form (page 3) is intended to assist you in the completion of the form:

PLEASE REPORT:

- Any rental information pertaining to Land Leases (provide details on page 4 under “Detailed Commercial Tenant Information”)
- Any vacant rentable area that your building may have, even if only partially occupied (e.g. 500 ft² of 600 ft² leased, 100 ft² is vacant)
- Any area that is occupied by a business that is owned fully or partially by the property owner

Space Description:

A.	Tenant Unit Number	Unit number identifies the suite or unit of the business
B.	Tenant Business Name(s)	Business Name that is leasing/occupying the space
C.	Occupancy Type	Owner/Tenant/Vacant (O = Owner, T = Tenant, V = Vacant)
D.	If Vacant:	Number of consecutive months that the unit has had no tenant occupy the space
E.	Space Type	Retail, Office, Warehouse (R = Retail, O = Office, W = Warehouse)
F.	Unit Area	The total square footage of each floor location for each unit including all leased, rented, owner occupied & vacant area
G.	Floor Location	Physical location of the tenant’s space within the building (B = Basement, M = Main, MZ = Mezzanine, 2 = Second Floor, etc.)

Lease Term:

H.	Start Date	The original date that the tenant started occupying the leased area (mm - yy)
I.	Expiry Date	Date that the lease agreement expires (mm - yy)
J.	Lease Renewal Date	Date of the last lease renewal (mm - yy). Enter month to month (m-m) if no lease exists.
K.	New or Renewal or Step Up (N / R / S)	New is a new lease agreement of a tenant occupying a space that was vacant or occupied by a previous tenant, may include tenant expansion. Renewal is when a lease expires and the existing tenant signs a new lease term. Step-Up is a scheduled change to the rental rate within the term of the existing lease.

Lease Details:

L.	Lease Rent (monthly amount)	This is the total <u>gross</u> rent stated in the lease agreement received before any expense deductions (\$/month). Do not include GST or tenant inducements here.
M.	Step Up/Escalation Rent (\$/month)	An increase in lease rent. Could be a fixed amount, a percentage increase or the actual expense increase each year due to rising costs. Typically seen in long-term contracts.
N.	Step Up/Escalation Date	The date that the Step-Up/Escalation takes effect each period. Typically occurs on the same date every year following the signing date of the original lease.
O.	Tenant Incentive	This is the amount paid by the property owner, e.g., reduced rental rate, free rent, renovation allowance, etc.

Expense Information:

P.	Building Insurance	This is the building insurance expense for the area that the tenant is leasing – for the fiscal period being reported.
Q.	Property Tax	This is the property tax expense for the area that the tenant is leasing – for the fiscal period being reported.
R.	Regular Maintenance & Repairs	This is the regular/typical annual maintenance & repairs for the area that the tenant is leasing – for the fiscal period being reported. Do NOT include structural or replacement items here (such as Roof or HVAC replacement).
S.	Utilities	These are the utility expenses for the area that the tenant is leasing – for the fiscal period being reported.

This information is being collected under the authority of sections 294, 295 and 328 of the *Municipal Government Act*, RSA 2000, c. M-26 and will be used for assessment and provincial audit purposes. It is protected in accordance with the privacy provisions of the *Municipal Government Act* and the *Freedom of Information and Protection of Privacy Act*, RSA 2000, c. F-25. If you have any questions about the data collected, or require help completing the form, contact the City Assessor at the City of Medicine Hat at 403-529-8114 or via email at assessment@medicinehat.ca

ASSESSMENT REQUEST FOR INFORMATION – GENERAL COMMERCIAL / INDUSTRIAL
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COMMERCIAL TENANT ROLL – ARFI - 2

Please provide the PROPERTY OWNER'S FISCAL PERIOD ENDING between July 1, 2020 and June 30, 2021. (i.e. If the owner's fiscal period is June to May, then the period to report on these forms is June 1, 2020 to May 31, 2021) The information reported below should be taken from your most recent audited financial report. **FROM** _____ **20** _____ **TO** _____ **20** _____

****ALTERNATIVELY, you may provide your actual Rent Rolls AND Annual Income & Expense Statements for the most recent fiscal year.**

Rent Rolls and Financial Statements MUST cover all requested information shown on this form or the ARFI will be considered incomplete.

All units and each of their floor locations must be included on this form whether occupied or vacant. PLEASE INDICATE ASKING RENT OF VACANT SPACES. DO NOT INCLUDE GST.

If you need extra space, please photocopy this page.

Property Address:																	Tax Roll Account:					
Space Description							Lease Term				Lease Details						Expense Information Use "O" for owner paid, "T" for Tenant paid, or "?" If amount paid is unknown					
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S				
Tenant Unit Number	Tenant Business Name(s)	Occupancy Type (O = Owner, T = Tenant, V = Vacant)	If Vacant: How many months has the Unit been vacant?	Space Type (R = Retail, O = Office, W = Warehouse)	Unit Area Per Floor (Square Feet)	Floor Location B = Bsmt / M = Main / MZ = Mezzanine / 2 = 2nd floor	Start Date (mm-yy) *Original date that the Tenant started occupying this area	Expiry Date Date (mm-yy)	Most Recent Lease Renewal Date (mm-yy)	New, Renewal or Step-Up (N / R / S)	Gross Lease Rent (\$/month) TOTAL RENT BEFORE ANY EXPENSE DEDUCTION DO NOT INCLUDE GST	Step Up / Escalation Rent (\$ / month)	Step Up / Escalation Date (when Step Up Rent takes/took effect) – (provide details on next page)	Tenant Incentive Paid by Property Owner (provide details on next page)	Building Insurance (\$ / per month)	Who Pays this Expense (O=Owner or T=Tenant)	Property Tax (\$ / month)	Who Pays this Expense (O=Owner or T=Tenant)	Regular Maintenance & Repairs (\$ / month) (provide details on next page)	Who Pays this Expense (O=Owner or T=Tenant)	Utilities (\$ / month)	Who Pays this Expense (O=Owner or T=Tenant)
#101	Tenant A (example)	T	4	R	2000	M	Jan-16	Jan-20	Jan-18	R	\$2,000	\$50	Jan 19	\$10,000	\$100	T	\$100	T	\$200	O	?	T
Total Area of All Units (include all owner occupied, rented and vacant areas)						ft²																

ASSESSMENT REQUEST FOR INFORMATION – GENERAL COMMERCIAL / INDUSTRIAL

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COVID 19 – ARFI - 3

Property Address:	Tax Roll Account:
Property Owner Name:	

FROM _____ 20____ TO _____ 20____
Same period as listed on ARFI 1 &/or ARFI-2

Have you given a reduction of rent or other incentive? Yes No

Unit / Tenant	\$/month	# of Months	Type of Incentive <i>(used security deposit, rent reduction, deferral of rent, grant subsidy, etc.)</i>

If you need extra space, please use reverse or attach additional page.

Have you lost any tenants due to COVID-19? Yes No *(If yes, please list)*

If you need extra space, please use reverse or attach additional page.

Have you applied for any Federal or Provincial Grants? Yes No

Federal Grants		Provincial Grants	
Name/Type of Grant	Amount	Name / Type of Grant	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

If you need extra space, please use reverse or attach additional page.

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