

**ASSESSMENT REQUEST FOR INFORMATION – SENIOR RESIDENCE**

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\***

<b>Property Owner Name:</b>	<b>Tax Roll Account:</b>
<b>Property Address:</b>	<b>Total Suites on Property:</b>

FROM \_\_\_\_\_ 20 \_\_\_\_\_ TO \_\_\_\_\_ 20 \_\_\_\_\_

**\*\* Alternatively, the most recent fiscal year Income and Expense Statement (plus Rent Roll) are acceptable, providing all the information on this form is captured. Excel or PDF format are acceptable. Please email to [assessmentforms@medicinehat.ca](mailto:assessmentforms@medicinehat.ca).**

**PLEASE INCLUDE A CURRENT COPY OF YOUR CONTINUING CARE CONTRACT WITH AHS, IF APPLICABLE.**

**PROPERTY INCOME**

Suite or Unit #	Type of Living (Indep. Living / DSL 3 /DSL 4 etc...)	Size of Unit (ft <sup>2</sup> )	# of Bedrooms	Asking Rent if Vacant	Actual Rent as of June 2021	Total Utilities Collected in Addition to Rent	Date of Last Increase	# of Months Vacant

(If you need extra space for entering units, please photocopy this page.)

Were any grants received related to COVID-19 during the fiscal period?  Yes  No

If yes, please breakdown the amount and specify the items (i.e: \$100,000 for vacant beds, \$25,000 for cleaning etc...)

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<b>Parking</b> <b>1. Does the property have the following?</b> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Parking Type</th> <th style="text-align: center;"># of Stalls</th> <th style="text-align: center;">Monthly Rent</th> <th style="text-align: center;">Monthly Discount</th> </tr> <tr> <td>Enclosed – Heated</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Enclosed – Unheated</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Carport</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </table> <b>2. Is the parking rented to a 3<sup>rd</sup> party?</b> <input type="checkbox"/> No    If yes; i. # of stalls rented: _____    ii. Annual rent/stall: \$ _____	Parking Type	# of Stalls	Monthly Rent	Monthly Discount	Enclosed – Heated	_____	\$ _____	\$ _____	Enclosed – Unheated	_____	\$ _____	\$ _____	Carport	_____	\$ _____	\$ _____	<b>Other Income (Annual)</b> Laundry: \$ _____ Other Income: <i>(Please Specify)</i>   
Parking Type	# of Stalls	Monthly Rent	Monthly Discount														
Enclosed – Heated	_____	\$ _____	\$ _____														
Enclosed – Unheated	_____	\$ _____	\$ _____														
Carport	_____	\$ _____	\$ _____														

**PROPERTY EXPENSES (Actual Building Expenses)**

**(DO NOT INCLUDE mortgage, bank charges, property taxes, debt charges, depreciation, business expenses or expenses incurred by your tenants)**

Expenses	Amount	Equipment Replacement	Quantity	Total Cost <i>(During This Year Only)</i>
Advertising / Marketing	\$	Fridge		\$
City License Fee	\$	Stove		\$
Office / Accounting	\$	Washer		\$
<b>Owner Paid Utilities</b>		Dryer		\$
Electricity	\$	Dishwasher		\$
Natural Gas	\$	Air Conditioner		\$
Water & Sewer	\$	Other:		\$
Waste & Recycling	\$	<b>Improvement Expenses</b>	<b>Capital Expenses*</b>	<b>Repair Expenses**</b>
Management Fee:		Roof	\$	\$
<input type="checkbox"/> Self Mgmt:	\$	Exterior Finish	\$	\$
<input type="checkbox"/> Professional Mgmt		Windows & Doors	\$	\$
Caretaker Suite Rent / Wage	\$	HVAC	\$	\$
Cleaning Supplies	\$	Decks / Balconies	\$	\$
Annual Insurance	\$	Cabinets	\$	\$
Other:	\$	Flooring	\$	\$
Other:	\$	Plumbing Fixtures	\$	\$
Other:	\$	Painting / Decorating	N/A	\$
Other:	\$	Other:	\$	\$
Other:	\$	Other:	\$	\$

*\*Capital Expense gives a lasting benefit, advantage or extends the useful life of your property or improves it beyond its original condition. Example, the cost of replacing a roof (every 20 years)*

*\*\*Repair Expense is one that generally reoccurs over a short period. Example, the cost of painting the interior of a suite (done each year)*

**All information is CONFIDENTIAL and is required by the due date provided on the letter.**

**Comments:** \_\_\_\_\_

If an appraisal has been done in the past 4 years, please indicate the date, purpose, and estimated value. \_\_\_\_\_

Also, is the appraisal available for inspection upon request if it is determined to be necessary in the future? \_\_\_\_\_

**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: \_\_\_\_\_

*\*If you require any information or wish to discuss this request, please contact (403) 529-8114 to speak to a multi-family assessor.*

*\* Please return to the Assessment Department at 580 1 Street SE or email to [assessmentforms@medicinehat.ca](mailto:assessmentforms@medicinehat.ca)*

**Please Note:** An assessment for your property will be prepared using any available information should you fail to report the information requested. Thank-you for your co-operation.