

The *Municipal Government Act* (MGA) authorizes collection of this information under s.294(1)(b), s.295(1) and s.295(4).

This information is due on or before July 6, 2022

PROPERTY OWNER CONTACT AND CERTIFICATION

| | |
|-----------------------------|--------------------------|
| Property Address: | Tax Roll Account: |
| Property Owner Name: | |

FISCAL PERIOD

Please provide the most recent annual fiscal period ended prior to July 2022. The information reported below should be taken from your most recent audited financial report. (i.e., If the owner's fiscal period is June to May, the period to report is June 1, 2021 to May 31, 2022.)

FROM _____ **20** _____ **TO** _____ **20** _____

****ALTERNATIVELY**, actual annual Rent Rolls **AND** Income & Expense Statements for the most recent fiscal period, may be provided.

To be considered complete, Rent Rolls and Financial Statements MUST cover all requested information.

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: _____

OCCUPANCY *(Based on occupancy type you select below, please return Section A or B in addition to pages 1 & 2.)*

Please select which option best reflects this property:

- 100% owner occupied – Complete Section A (pages 1-3)
A property is considered "owner occupied", if the property owner or the property owner's business physically occupies the property's land and/or building(s).
- 100% non-arm's length lessee occupied – Complete Section A (pages 1-3)
A "non-arm's length lessee", is if the property's land and/or building(s) is physically occupied by an entity related (business or personal) to the property owner.
- Partially owner occupied and partially non-arm's length lessee occupied – Complete Section A (pages 1-3)
- 100% lessee occupied – Complete Section B (pages 1,2,4,5,6)
If the property's land and/or building(s) is physically occupied by an entity not related (business or personal) to the property owner, it is considered to be a typical lease.
- Partially owner occupied and partially lessee occupied – Complete Section B (pages 1,2,4,5,6)

Please Note: If you have any questions about the data collected, or require help completing the form, contact an Assessor at the City of Medicine Hat at 403-529-8114, ext. 2 or via email at assessment@medicinehat.ca.

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.

CERTIFICATION

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

Signature: _____

Name: _____

Daytime Phone No: _____

Email: _____

Date: _____

COVID 19

| | |
|--------------------------|--------------------------|
| Property Address: | Tax Roll Account: |
|--------------------------|--------------------------|

FROM _____ 20____ TO _____ 20_____

Same period as listed on Page 1

Please report for the most recent annual fiscal period only.

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

| Unit / Tenant | Incentive Amount per month | For What Period | | | Type of Incentive <i>(used security deposit, rent reduction, deferral of rent, grant subsidy, etc.)</i> |
|---------------|----------------------------|-----------------|-----|----------------|--|
| | | Start | End | Total # Months | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If you need extra space, please attach additional page.

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

If you need extra space, please attach additional page.

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

| Federal Grants | |
|----------------------|--------|
| Name / Type of Grant | Amount |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

| Provincial Grants | |
|----------------------|--------|
| Name / Type of Grant | Amount |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

If you need extra space, please attach additional page.

Have you incurred additional expenses due to COVID-19, over and above typical expenses included in Section A or Section B? Yes No

| Expense | Amount |
|---------|--------|
| | |
| | |
| | |

| Expense | Amount |
|---------|--------|
| | |
| | |
| | |

If you need extra space, please attach additional page.

COMMENTS

CERTIFICATION

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

Signature: _____

Date: _____

SECTION A: OWNER OCCUPIED / NON-ARM'S LENGTH LESSEE OCCUPIED

| | |
|--------------------------|--------------------------|
| Property Address: | Tax Roll Account: |
|--------------------------|--------------------------|

FROM _____ **20** _____ **TO** _____ **20** _____
Same period as listed on Page 1

ANNUAL OPERATING COSTS

| Expense | Amount |
|---|--------|
| Building Insurance | |
| Repairs & Maintenance Expense* Regular / Reoccurring | |
| Property Tax | |

| Expense | Amount |
|--|--------|
| Utilities | |
| Capital Expense** Major Repairs <i>(Please list in comments below)</i> | |
| Condo Fees | |

**Repair & Maintenance Expense* is one that occurs over a short period. (i.e., the expense is recurring - completed each year)
 ***Capital Expense* gives a lasting benefit, advantage or increases the useful life of your property beyond its original condition. (i.e., the cost of replacing a roof - every 20 years)

BUILDING INFORMATION

Please indicate total area of each building based on total dimensions and indicate degree of finish.

| Building #1 | ft ² | | Building #2 | ft ² | |
|---------------------|-----------------|---------|---------------------|-----------------|---------|
| Main Floor Area | | | Main Floor Area | | |
| 2nd Floor Area | | | 2nd Floor Area | | |
| Mezzanine | Finished | | Mezzanine | Finished | Storage |
| | | | | | |
| Basement Floor Area | Finished | Storage | Basement Floor Area | Finished | Storage |
| | | | | | |

**If property has additional buildings or additional floors, please list in the comments section.*

COMMENTS

CERTIFICATION

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

Signature: _____ Date: _____

SECTION B: TENANT / LESSEE OCCUPIED

GUIDE TO COMPLETION OF TENANT ROLL

The following overview of the fields located on the Tenant Roll may assist you in completing the form.

PLEASE REPORT:

- Any rental information pertaining to Land Leases (provide details on page 6 under “Detailed Tenant Information”)
- Any vacant rentable area your building may have, even if only partially occupied (i.e., 500 ft² of 600 ft² leased, 100 ft² is vacant)
- Any area that is occupied by a business fully or partially owned by the property owner

SPACE DESCRIPTION:

| | |
|-----------------------------------|--|
| A. Tenant Unit Number | Unit number identifies the suite, unit or bay of the property |
| B. Tenant Business Name(s) | Business or occupant name leasing/occupying the unit |
| C. Occupancy Type | Owner (non-arm’s length) / Tenant / Vacant |
| D. If Vacant: | Number of consecutive months the unit has been unoccupied by tenant or owner (non-arm’s length) |
| E. Space Type | Description of primary use of space or occupant purpose (Retail, Office, Warehouse, Land/Pad Lease) |
| F. Unit Area per Floor | Total square footage of each unit for each floor location including all leased, owner occupied (non-arm’s length), vacant and/or storage areas |
| G. Floor Location | Physical location of the tenant’s space by floor level within the building |

LEASE DETAILS:

| | |
|---------------------------------------|---|
| H. Start Date | Original date tenant occupied the leased area |
| I. Renewal Date | Date current lease term began |
| J. Expiry Date | Date current lease term expires |
| K. Term | Number of years in the current lease term or if month to month |
| L. New or Renewal or Step Up | <p>New – Formerly vacant space becomes occupied and/or change of tenant</p> <p>Renewal - Existing tenant signs a new lease term in the same space</p> <p>Step-Up - Scheduled change to the rental rate within the term of the current lease <i>Provide details on page 6</i></p> |
| M. Lease Type | <p>Triple Net (Base Rent) - Tenant pays rent and <u>all</u> operating costs. Tenant may pay operating costs directly or landlord may recover operating costs from the tenant</p> <p>Semi-Net (Single or Double Net) - Tenant pays rent and <u>one or more</u> operating costs, landlord pays remainder of operating costs (from collected rent)</p> <p>Gross Rent - Tenant pays rent, landlord pays <u>all</u> operating costs (from collected rent)</p> |
| N. Lease Rent (monthly amount) | Monthly amount collected based on the type of lease reported in column “L” Do not include GST or tenant inducements here |

OPERATING COST:

| | |
|---|---|
| O. Building Insurance | Building insurance cost for the unit |
| P. Regular Maintenance & Repairs | Regular/typical annual maintenance & repairs for the unit Do NOT include structural or replacement items here (such as Roof or HVAC replacement) |
| Q. Property Tax | Property tax costs for the unit |
| R. Utilities | Utility costs for the unit |
| S. Condo Fees | Condo fees regularly paid to the condo association <i>Provide details of additional funds requested by the condo association on page 6</i> |

SECTION B: TENANT / LESSEE OCCUPIED - TENANT ROLL

| | |
|--------------------------|--------------------------|
| Property Address: | Tax Roll Account: |
|--------------------------|--------------------------|

FROM _____ 20 _____ TO _____ 20 _____

Same period as listed on Page 1

All units and each of their floor locations (main, basement, 2nd, etc... including storage space) 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.

SPACE DESCRIPTION

| | A Tenant Unit Number | B Tenant Business Name(s) | C Occupancy Type <small>O=Owner / T=Tenant / V=Vacant</small> | D If Vacant: How many months has the Unit been vacant? | E Space Type <small>R=Retail / O=Office / W=Warehouse / L=Land</small> | F Unit Area per Floor <small>Square Feet</small> | G Floor Location <small>B=Bsmt / M=Main / MZ=Mezzanine / 2 =2nd floor</small> |
|--|-------------------------|------------------------------|---|---|--|--|---|
| | #101 | Tenant A (example) | T | 4 or N/A | R | 2000 | M |
| i. | | | | | | | |
| ii. | | | | | | | |
| iii. | | | | | | | |
| iv. | | | | | | | |
| v. | | | | | | | |
| Total Area of All Units <small>(include all owner occupied, rented and vacant areas)</small> | | | | | | | ft ² |

LEASE DETAILS

| | A Tenant Unit Number | H Start Date (mmm-yy) <small>Original lease date</small> | I Renewal Date (mmm-yy) <small>Beginning of current Lease Term</small> | J Expiry Date (mmm-yy) | K Term <small># Years / M-M=Month to Month</small> | L New, Renewal or Step-Up <small>N=New / R=Renewal / S=Step-up</small> | M Lease Type <small>NNN=Triple Net / S=Semi Net / G=Gross</small> | N Lease Rent (\$/month) <small>DO NOT INCLUDE GST</small> |
|------|-------------------------|--|--|---------------------------|--|--|---|---|
| | #101 | Jan-20 | Jan-22 | Jan-24 | 2 | R | S | \$2,000 |
| i. | | | | | | | | |
| ii. | | | | | | | | |
| iii. | | | | | | | | |
| iv. | | | | | | | | |
| v. | | | | | | | | |

OPERATING COST INFORMATION

Please indicate if each expense is paid by the Owner or Tenant (O=Owner / T=Tenant / ?=if amount is unknown)

| | A Tenant Unit Number | O Building Insurance (\$ / month) <small>Paid By O/T</small> | | P Regular Maintenance & Repairs (\$ / month) <small>Paid By O/T</small> <small>Provide details on next page.</small> | | Q Property Tax (\$ / month) <small>Paid By O/T</small> | | R Utilities (\$ / month) <small>Paid By O/T</small> | | S Condo Fees (\$ / month) <small>Paid By O/T</small> | |
|------|-------------------------|--|---|---|---|--|---|---|---|--|---|
| | #101 | \$100 | O | \$200 | O | \$100 | T | ? | T | \$100 | O |
| i. | | | | | | | | | | | |
| ii. | | | | | | | | | | | |
| iii. | | | | | | | | | | | |
| iv. | | | | | | | | | | | |
| v. | | | | | | | | | | | |

SECTION B: TENANT / LESSEE OCCUPIED - TENANT ROLL

DETAILED TENANT INFORMATION - ADDITIONAL COMMENTS

| Column # | Details |
|-------------|---|
| P (example) | Annual HVAC Maintenance = \$50/month and Yard Maintenance = \$150/month. (Do not include structural repairs.) |
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INCENTIVE INFORMATION

Have you offered any incentives? Yes No

Incentive Details

LEASE STEP-UP DETAILS (Date of Change and Change Amount, from Page 5 - Column L)

ADDITIONAL COMMENTS

CERTIFICATION

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

Signature: _____

Date: _____