

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 August 8, 2023

PROPERTY OWNER CONTACT AND CERTIFICATION

Property Address:	Tax Roll Account:
Registered Owner:	

COMPANY REPRESENTATIVE

Name: _____ Position: _____

Company Name: _____

Daytime Phone No: _____ Email: _____

As authorized by:	Position:
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ALTERNATE COMPANY REPRESENTATIVE *(if different than above)*

Name: _____ Position: _____

Company Name: _____

Daytime Phone No: _____ Email: _____

As authorized by:	Position:
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FISCAL PERIOD

Important Note:

Please provide the most recent **3 years of the INCOME STATEMENTS prepared by accountants and JULY 2023 STAR REPORT provided by STR.**

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

FROM _____ 20 _____ TO _____ 20 _____

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: _____

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: _____

SECTION A: HOTEL / MOTEL SURVEY

Property Address:	Tax Roll Account:
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FROM _____ 20____ TO _____ 20____
Same period as listed on Page 1

ROOM COUNT

Room Type	# of Units	Average Daily Rate	Monthly Rate
Single		\$	\$
Double		\$	\$
Suites		\$	\$
Out of Order & Duration*			
Total		\$	\$

**Out of Order & Duration Rooms under out of order are not sellable, and the out-of-order rooms are deducted from the total available rooms. There are various reasons for putting rooms under out of order, including maintenance, renovating, and extensive cleaning.*

OCCUPANCY

	Last ½ of 2019	First ½ of 2020	Last ½ of 2020	First ½ of 2021	Last ½ of 2021	First ½ of 2022
# of Rooms Sold						
# of Total Available Rooms						

CAPITAL EXPENDITURES

	Last ½ of 2019	First ½ of 2020	Last ½ of 2020	First ½ of 2021	Last ½ of 2021	First ½ of 2022
Furniture, Fixtures and Equipment (FF&E)	\$	\$	\$	\$	\$	\$
Building Renovation	\$	\$	\$	\$	\$	\$

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

Renovation Details

QUALITY RATING GUIDE

- Interior Finish:** Excellent Good Standard Below Avg.
Last FF&E Upgrade: 0 – 5 Years 5 – 10 Years 10 Years +
Last Building Renovation: 0 – 5 Years 5 – 10 Years 10 Years +

Comments

PARKING DETAILS

	# of Stalls	\$ Daily Rate	# of Public Stalls	\$ Daily Rate
EV Charging		\$		\$
Surface		\$		\$
Covered		\$		\$
Parkade – Not Heated		\$		\$
Parkade - Heated		\$		\$

SECTION A: HOTEL / MOTEL SURVEY

Property Address:	Tax Roll Account:
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FROM _____ 20____ TO _____ 20____
Same period as listed on Page 1

PUBLIC FACILITIES

Space Type	Floor Area (ft ²)	Space Type	Floor Area (ft ²)
Banquet Rm(s)		Conference Rm(s)	
Other <i>(Please Specify)</i>		Other <i>(Please Specify)</i>	

Other Public Facilities *(Check All That Apply ☑)*

If any of the following spaces are leased or leasable, please fill out **Section B: Tenant / Lessee Occupied - Tenant Roll** (pages 6-8 in addition to pages 1-5.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Retail Outlet space | <input type="checkbox"/> Tavern/Night Club |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Lounge | <input type="checkbox"/> Retail Liquor/Beer Outlet |
| <input type="checkbox"/> Dining Facilities | <input type="checkbox"/> Other <i>(Please Specify)</i> _____ | <input type="checkbox"/> Other <i>(Please Specify)</i> _____ |

RECREATION / FITNESS ROOMS *(Check All That Apply ☑)*

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Water Slide | <input type="checkbox"/> Hot Tub /Whirlpool | <input type="checkbox"/> Sauna |
| <input type="checkbox"/> Steam Room | <input type="checkbox"/> Exercise Room | <input type="checkbox"/> Racquet Ball /Squash | <input type="checkbox"/> Other <i>(Please Specify)</i> _____ |

INCOME

Please provide as much detail as possible.

INCOME	Last ½ of 2020	2021	2022	First ½ of 2023
Room Revenue				
Guest Room Rental	\$	\$	\$	\$
Food & Beverage				
Room Service	\$	\$	\$	\$
Coffee Shop	\$	\$	\$	\$
Dining Facilities Sales	\$	\$	\$	\$
Banquet/Meeting Room(s)	\$	\$	\$	\$
Other <i>(Please Specify)</i>	\$	\$	\$	\$
Rental	\$	\$	\$	\$
Telephone/Internet	\$	\$	\$	\$
Laundry	\$	\$	\$	\$
Other <i>(Please Specify)</i>	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

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 “M” 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:
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FROM _____ 20 _____ TO _____ 20 _____

Please report for the most recent annual fiscal period only

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

