

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 5, 2023**

<b>Property Address:</b>	<b>Tax Roll Account:</b>
<b>Property Owner Name:</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 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.

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.

### PROPERTY INCOME

#### Rental Income

Suite or Unit #	Occupancy Type (Owner/ Tenant/ Caretaker)	Size of Unit (ft <sup>2</sup> )	# of Bedrooms	Asking Rent (if Vacant)	Actual Rent as of June 2023	Rent Incentive & Incentive Duration (Please Specify)	Date of Last Change	# of Months Vacant

*(If you need extra space, please attach an additional page.)*

#### Rental Income Comments

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**Parking Income**

1. Does the property have the following?

Parking Type	# of Stalls	Monthly Rent	Monthly Discount?
Enclosed – Heated	_____	\$ _____	\$ _____
Enclosed – Unheated	_____	\$ _____	\$ _____
Carpport	_____	\$ _____	\$ _____

2. Is the parking rented to a 3<sup>rd</sup> party?  No If yes;  
 # of stalls rented: \_\_\_\_\_ Monthly rent/stall: \$ \_\_\_\_\_

**Other Income (Annual)**

Laundry: \$ \_\_\_\_\_

Pet Fee: \$ \_\_\_\_\_

Other Income: *(Please Specify)*

\_\_\_\_\_

\_\_\_\_\_

**PROPERTY EXPENSES (Actual Annual Building Expenses)**

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

Expenses		Amount
Advertising / Marketing		\$ _____
City License Fee		\$ _____
Office / Accounting		\$ _____
Owner Paid Utilities	Included in Rent?	
Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Natural Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Water & Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Waste & Recycling	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Management Fee:		\$ _____
<input type="checkbox"/> Self Mgmt		
<input type="checkbox"/> Professional Mgmt		
Caretaker Suite Rent / Wage		\$ _____
Cleaning Supplies		\$ _____
Annual Insurance		\$ _____
Other:		\$ _____

Equipment Replacement	Quantity	Total Cost <i>(During This Year Only)</i>
Fridge		\$ _____
Stove		\$ _____
Washer		\$ _____
Dryer		\$ _____
Dishwasher		\$ _____
Air Conditioner		\$ _____
Other:		\$ _____
Improvement Expenses	Capital Expenses*	Repair Expenses**
Roof	\$ _____	\$ _____
Exterior Finish	\$ _____	\$ _____
Windows & Doors	\$ _____	\$ _____
HVAC	\$ _____	\$ _____
Decks / Balconies	\$ _____	\$ _____
Cabinets	\$ _____	\$ _____
Flooring	\$ _____	\$ _____
Plumbing Fixtures	\$ _____	\$ _____
Painting / Decorating	N/A	\$ _____
Other:	\$ _____	\$ _____
Other:	\$ _____	\$ _____

\***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)

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

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_