

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 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 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.

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

**PROPERTY INCOME**

**Rental Income**

| Suite or Unit # | Type of Living<br>(Indep. Living / DSL 3 /DSL 4 etc...) | Size of Unit<br>(ft <sup>2</sup> ) | # of Bedrooms | Asking Rent<br>(if Vacant) | Actual Rent as of June 2023 | Total Utilities Collected<br>(in Addition to Rent) | Date of Last Increase | # of Months Vacant |
|-----------------|---|------------------------------------|---------------|----------------------------|-----------------------------|--|-----------------------|--------------------|
|                 |   |                                    |               |                            |                             |  |                       |                    |
|                 |   |                                    |               |                            |                             |  |                       |                    |
|                 |   |                                    |               |                            |                             |  |                       |                    |
|                 |   |                                    |               |                            |                             |  |                       |                    |
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|                 |   |                                    |               |                            |                             |  |                       |                    |
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|                 |   |                                    |               |                            |                             |  |                       |                    |
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|                 |   |                                    |               |                            |                             |  |                       |                    |
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|                 |   |                                    |               |                            |                             |  |                       |                    |
|                 |   |                                    |               |                            |                             |  |                       |                    |
|                 |   |                                    |               |                            |                             |  |                       |                    |
|                 |   |                                    |               |                            |                             |  |                       |                    |
|                 |   |                                    |               |                            |                             |  |                       |                    |
|                 |   |                                    |               |                            |                             |  |                       |                    |
|                 |   |                                    |               |                            |                             |  |                       |                    |
|                 |   |                                    |               |                            |                             |  |                       |                    |

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: <i>(Please Specify)</i> |
|                                       |
|                                       |

## 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 |
|---|--------|
| Advertising / Marketing   | \$     |
| City License Fee  | \$     |
| Office / Accounting   | \$     |
| <b>Owner Paid Utilities</b>   |        |
| Electricity   | \$     |
| Natural Gas   | \$     |
| Water & Sewer   | \$     |
| Waste & Recycling   | \$     |
| Management Fee:<br><input type="checkbox"/> Self Mgmt<br><input type="checkbox"/> Professional Mgmt | \$     |
| Caretaker Suite Rent / Wage   | \$     |
| Cleaning Supplies   | \$     |
| Annual Insurance  | \$     |
| Other:  | \$     |
| Other:  | \$     |
| Other:  | \$     |
| Other:  | \$     |

| Equipment Replacement       | Quantity                 | Total Cost<br><i>(During This Year Only)</i> |
|-----------------------------|--------------------------|--|
| Fridge                      |                          | \$   |
| Stove                       |                          | \$   |
| Washer                      |                          | \$   |
| Dryer                       |                          | \$   |
| Dishwasher                  |                          | \$   |
| Air Conditioner             |                          | \$   |
| Other:                      |                          | \$   |
| <b>Improvement Expenses</b> | <b>Capital Expenses*</b> | <b>Repair Expenses**</b>                     |
| 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

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## 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: \_\_\_\_\_