

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 7, 2024**

**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: _____ |
|-------------------------|-----------------|

**ALTERNATE COMPANY REPRESENTATIVE *(if different than above)***

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

|                         |                 |
|-------------------------|-----------------|
| As authorized by: _____ | Position: _____ |
|-------------------------|-----------------|

**FISCAL PERIOD**

**Important Note:**

Please provide the most recent **3 years of the INCOME STATEMENTS prepared by accountants and JULY 2024 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](mailto: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**

|                          |                          |
|--------------------------|--------------------------|
| <b>Property Address:</b> | <b>Tax Roll Account:</b> |
|--------------------------|--------------------------|

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* |            |                    |              |
| <b>Total</b>             |            | \$                 | \$           |

*\*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 2021 | First ½ of 2022 | Last ½ of 2022 | First ½ of 2023 | Last ½ of 2023 | First ½ of 2024 |
|----------------------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|
| # of Rooms Sold            |                |                 |                |                 |                |                 |
| # of Total Available Rooms |                |                 |                |                 |                |                 |

**CAPITAL EXPENDITURES**

|  | Last ½ of 2021 | First ½ of 2022 | Last ½ of 2022 | First ½ of 2023 | Last ½ of 2023 | First ½ of 2024 |
|--|----------------|-----------------|----------------|-----------------|----------------|-----------------|
| 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**

|                          |                          |
|--------------------------|--------------------------|
| <b>Property Address:</b> | <b>Tax Roll Account:</b> |
|--------------------------|--------------------------|

FROM \_\_\_\_\_ 20\_\_\_\_ TO \_\_\_\_\_ 20\_\_\_\_  
*Same period as listed on Page 1*

**PUBLIC FACILITIES**

| Space Type                    | Floor Area (ft <sup>2</sup> ) | Space Type                    | Floor Area (ft <sup>2</sup> ) |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 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 2021 | 2022 | 2023 | First ½ of 2024 |
|--------------------------------------|----------------|------|------|-----------------|
| <b>Room Revenue</b>                  |                |      |      |                 |
| Guest Room Rental                    | \$             | \$   | \$   | \$              |
| <b>Food &amp; Beverage</b>           |                |      |      |                 |
| Room Service                         | \$             | \$   | \$   | \$              |
| Coffee Shop                          | \$             | \$   | \$   | \$              |
| Dining Facilities Sales              | \$             | \$   | \$   | \$              |
| Banquet/Meeting Room(s)              | \$             | \$   | \$   | \$              |
| Other <i>(Please Specify)</i>        | \$             | \$   | \$   | \$              |
| <b>Rental</b>                        | \$             | \$   | \$   | \$              |
| <b>Telephone/Internet</b>            | \$             | \$   | \$   | \$              |
| <b>Laundry</b>                       | \$             | \$   | \$   | \$              |
| <b>Other <i>(Please Specify)</i></b> | \$             | \$   | \$   | \$              |
|                                      | \$             | \$   | \$   | \$              |
|                                      | \$             | \$   | \$   | \$              |
|                                      | \$             | \$   | \$   | \$              |
|                                      | \$             | \$   | \$   | \$              |

**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: HOTEL / MOTEL SURVEY**

|                          |                          |
|--------------------------|--------------------------|
| <b>Property Address:</b> | <b>Tax Roll Account:</b> |
|--------------------------|--------------------------|

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

*Same period as listed on Page 1*

**EXPENSES**

| DEPARTMENT COSTS & EXPENSES                |                       |             |             |                        |
|--|-----------------------|-------------|-------------|------------------------|
|  | Last ½ of 2021        | 2022        | 2023        | First ½ of 2024        |
| (5) Employee Salaries/Wages/Benefits       | \$                    | \$          | \$          | \$                     |
| (5) Other Salaries <i>(Please Specify)</i> | \$                    | \$          | \$          | \$                     |
| (15) F & B (Food Cost)                     | \$                    | \$          | \$          | \$                     |
| (15) F & B Supplies                        | \$                    | \$          | \$          | \$                     |
| (15) F & B Other                           | \$                    | \$          | \$          | \$                     |
| (20) Telephone, Cable, Internet            | \$                    | \$          | \$          | \$                     |
| (30) Hotel Supplies                        | \$                    | \$          | \$          | \$                     |
| (35) Hotel Maintenance Supplies            | \$                    | \$          | \$          | \$                     |
| (50) Admin & General                       | \$                    | \$          | \$          | \$                     |
| (50) Management Fee                        | \$                    | \$          | \$          | \$                     |
| (55) Marketing                             | \$                    | \$          | \$          | \$                     |
| (60) Repair & Maintenance*                 | \$                    | \$          | \$          | \$                     |
| (65) Utilities                             | \$                    | \$          | \$          | \$                     |
| (75) Legal & Audit                         | \$                    | \$          | \$          | \$                     |
| <b>FIXED EXPENSES</b>                      | <b>Last ½ of 2021</b> | <b>2022</b> | <b>2023</b> | <b>First ½ of 2024</b> |
| (90) Insurance                             | \$                    | \$          | \$          | \$                     |
| (95) Property Taxes                        | \$                    | \$          | \$          | \$                     |
| Replacement Reserves                       | \$                    | \$          | \$          | \$                     |

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

**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 ft<sup>2</sup> of 600 ft<sup>2</sup> leased, 100 ft<sup>2</sup> is vacant)
- Any area that is occupied by a business fully or partially owned by the property owner

#### SPACE DESCRIPTION:

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

#### LEASE DETAILS:

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

#### OPERATING COST:

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

**SECTION B: TENANT / LESSEE OCCUPIED - TENANT ROLL**

|                          |                          |
|--------------------------|--------------------------|
| <b>Property Address:</b> | <b>Tax Roll Account:</b> |
|--------------------------|--------------------------|

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

*Please report for the most recent annual fiscal period only*

**All units and each of their floor locations (main, basement, 2<sup>nd</sup>, 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<br>Tenant Unit Number | B<br>Tenant Business Name(s) | C<br>Occupancy Type<br><small>O=Owner / T=Tenant / V=Vacant</small> | D<br>If Vacant: How many months has the Unit been vacant? | E<br>Space Type<br><small>R=Retail / O=Office / W=Warehouse / L=Land</small> | F<br>Unit Area per Floor<br><small>Square Feet</small> | G<br>Floor Location<br><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.   |                         |                              |   |   |  |  |   |
| <b>Total Area of All Units</b><br><small>(include all owner occupied, rented and vacant areas)</small> |                         |                              |   |   |  |  | ft <sup>2</sup>   |

**LEASE DETAILS**

|      | A<br>Tenant Unit Number | H<br>Start Date (mmm-yy)<br><small>Original lease date</small> | I<br>Renewal Date (mmm-yy)<br><small>Beginning of current Lease Term</small> | J<br>Expiry Date (mmm-yy) | K<br>Term<br><small># Years / M-M=Month to Month</small> | L<br>New, Renewal or Step-Up<br><small>N=New / R=Renewal / S=Step-up</small> | M<br>Lease Type<br><small>NNN=Triple Net / S=Semi Net / G=Gross</small> | N<br>Lease Rent (\$/month)<br><small>DO NOT INCLUDE GST</small> |
|------|-------------------------|--|--|---------------------------|--|--|---|---|
|      | #101                    | Jan-22   | Jan-24   | Jan-26                    | 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<br>Tenant Unit Number | O<br>Building Insurance (\$ / month) | Paid By<br><small>O / T</small> | P<br>Regular Maintenance & Repairs (\$ / month)<br><small>Provide details on next page.</small> | Paid By<br><small>O / T</small> | Q<br>Property Tax (\$ / month) | Paid By<br><small>O / T</small> | R<br>Utilities (\$ / month) | Paid By<br><small>O / T</small> | S<br>Condo Fees (\$ / month) | Paid By<br><small>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  |
|--------------------|--|
| <i>P (example)</i> | <i>Annual HVAC Maintenance = \$50/month and Yard Maintenance = \$150/month. (Do not include structural repairs.)</i> |
|                    |  |
|                    |  |
|                    |  |
|                    |  |
|                    |  |
|                    |  |
|                    |  |
|                    |  |
|                    |  |
|                    |  |
|                    |  |
|                    |  |
|                    |  |

**INCENTIVE INFORMATION**

Have you offered any incentives?  Yes  No

**Incentive Details**

---



---



---



---

**LEASE STEP-UP DETAILS** (Date of Change and Change Amount, from Page 6 - 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: \_\_\_\_\_