



**ASSESSMENT REQUEST FOR INFORMATION
MULTI-FAMILY
2024 Assessment Year**

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 3, 2024

Property Address:	Tax Roll Account:
Property Owner Name:	Total Suites on Property:

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.**

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 <small>(Owner/ Tenant/ Caretaker)</small>	Size of Unit <small>(ft²)</small>	# of Bedrooms	Asking Rent <small>(if Vacant)</small>	Actual Rent as of June 2024	Rent Incentive & Incentive Duration <small>(Please Specify)</small>	Date of Last Change	# of Months Vacant

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

Rental Income Comments

The information received will be protected in accordance with the privacy provisions of the *Municipal Government Act MGA, R.S.A. 2000, c.M-26*, the *Freedom of Information and Protection of Privacy Act, R.S.A. 2000, c.F-25* and utilized by the Assessment Department to complete their duties under MGA Parts 9-12.

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 3rd 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 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: _____