

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 OWNER CONTACT AND CERTIFICATION

Property Address:	Tax Roll Account:
Property Owner Name:	

FISCAL PERIOD

Please provide EXPENSES from the most recent audited financial reports for the annual fiscal period ended prior to July 2024. LEASE RATES must reflect up to July 2024. (i.e., If the owner's fiscal period is June to May, the period to report is June 1, 2023 to May 31, 2024.)

****ALTERNATIVELY**, actual annual Rent Rolls **AND** Income & Expense Statements for the most recent fiscal period, may be provided.

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

RENOVATIONS (from last 5 years to current date) When was the last significant renovation?

Date: _____

Expenditure: _____

Items Replaced: _____

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: _____

OCCUPANCY *(Based on occupancy type you select below, please return Section A or B in addition to page 1.)*

Please select which option best reflects this property:

- 100% owner occupied – Complete Section A (pages 1 & 2)
A property is considered "owner occupied" if the property owner or the property owner's business physically occupies the property's land and/or building(s).
- 100% non-arm's length lessee occupied – Complete Section A (pages 1 & 2)
A "non-arm's length lessee" is if the property's land and/or building(s) is physically occupied by an entity related (business or personal) to the property owner.
- Partially owner occupied and partially non-arm's length lessee occupied – Complete Section A (pages 1 & 2)
- 100% lessee occupied – Complete Section B (pages 1,3,4,5)
If the property's land and/or building(s) is physically occupied by an entity not related (business or personal) to the property owner, it is considered to be a typical lease.
- Partially owner occupied and partially lessee occupied – Complete Section B (pages 1,3,4,5)

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.

If you received a Chronic Vacancy Letter, which qualified the property for a Chronic Vacancy adjustment, you must complete and return this form as one of the criteria listed to continue to qualify for the adjustment.

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: OWNER OCCUPIED / NON-ARM'S LENGTH LESSEE OCCUPIED

Property Address:	Tax Roll Account:
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ANNUAL OPERATING COSTS

Expenses must reflect the explanation under Fiscal Period on Page 1.

Expense	Amount
Building Insurance	
Repairs & Maintenance Expense* Regular / Reoccurring	
Property Tax	

Expense	Amount
Utilities	
Capital Expense** Major Repairs <i>(Please list in comments below)</i>	
Condo Fees	

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

****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)

BUILDING INFORMATION

Please indicate total area of each building based on external dimensions and indicate degree of finish.

Building #1	ft ²	
Main Floor Area		
2nd Floor Area		
Mezzanine	Finished	Storage
Basement Floor Area	Finished	Storage

Building #2	ft ²	
Main Floor Area		
2nd Floor Area		
Mezzanine	Finished	Storage
Basement Floor Area	Finished	Storage

*If property has additional buildings or additional floors, please list in the comments.

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 5 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 5</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 “L” 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 5</i>

SECTION B: TENANT / LESSEE OCCUPIED - TENANT ROLL

Property Address:	Tax Roll Account:
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Lease rates and expenses must reflect the explanation under Fiscal Period on Page 1.

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

Each floor location for each tenant needs to be on a separate line.

	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

Please refer to definitions on Page 3 prior to completion.

	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-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 even if amounts are unknown (O=Owner / T=Tenant / ?=if amount is unknown)

	A Tenant Unit Number	O Building Insurance (\$ / month)	Paid By <small>O / T</small>	P Regular Maintenance & Repairs (\$ / month) <small>Provide details on next page.</small>	Paid By <small>O / T</small>	Q Property Tax (\$ / month)	Paid By <small>O / T</small>	R Utilities (\$ / month)	Paid By <small>O / T</small>	S Condo Fees (\$ / month)	Paid By <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/mth & Yard Maint. =\$150/mth (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 4 - 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: _____

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*.