

ASSESSMENT REQUEST FOR INFORMATION - MULTI-FAMILY

The *Municipal Government Act* (MGA) authorizes collection of this information under Sec. 295(1) and Sec. 295(4).

This information is due on or before **July 31, 2020**

CONFIDENTIAL

Property Owner Name:		Tax Roll Account:	
Property Address:	NGHD:	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.**

PROPERTY INCOME

Suite or Unit #	Occupancy Type (Owner/ Tenant/ Caretaker)	Size of Unit (ft ²)	# of Bedrooms	Asking Rent if Vacant	Actual Rent as of June 2020	Duration & Inducements on Actual Rent <i>(Please Specify)</i>	Date of Last Change	# of Months Vacant

(If you need extra space for entering units, please photocopy this page.)

Was there rent deferral during the period of April to July 2020? Yes No If yes, how much for each suite?

<p>Parking</p> <p>1. Does the property have the following?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Parking Type</th> <th style="text-align: center;"># of Stalls</th> <th style="text-align: center;">Monthly Rent</th> <th style="text-align: center;">Monthly Discount?</th> </tr> </thead> <tbody> <tr> <td>Enclosed – Heated</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Enclosed – Unheated</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Carport</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p>2. Is the parking rented to a 3rd party? <input type="checkbox"/> No If yes;</p> <p>i. # of stalls rented: _____ ii. Monthly rent/stall: \$ _____</p>	Parking Type	# of Stalls	Monthly Rent	Monthly Discount?	Enclosed – Heated	_____	\$ _____	\$ _____	Enclosed – Unheated	_____	\$ _____	\$ _____	Carport	_____	\$ _____	\$ _____	<p>Other Income (Annual)</p> <p>Laundry: \$ _____</p> <p>Pet Fee: \$ _____</p> <p>Other Income: <i>(Please Specify)</i> _____</p> <p>_____</p> <p>_____</p>
Parking Type	# of Stalls	Monthly Rent	Monthly Discount?														
Enclosed – Heated	_____	\$ _____	\$ _____														
Enclosed – Unheated	_____	\$ _____	\$ _____														
Carport	_____	\$ _____	\$ _____														

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	Equipment Replacement	Quantity	Total Cost <i>(During This Year Only)</i>
Advertising / Marketing	\$	Fridge		\$
City License Fee	\$	Stove		\$
Office / Accounting	\$	Washer		\$
Owner Paid Utilities	Included in Rent?	Dryer		\$
Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dishwasher		\$
Natural Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	Air Conditioner		\$
Water & Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:		\$
Waste & Recycling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Improvement Expenses	Capital Expenses*	Repair Expenses**
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof	\$	\$
Management Fee:		Exterior Finish	\$	\$
<input type="checkbox"/> Self Mgmt:	\$	Windows & Doors	\$	\$
<input type="checkbox"/> Professional Mgmt		HVAC	\$	\$
Caretaker Suite Rent / Wage	\$	Decks / Balconies	\$	\$
Cleaning Supplies	\$	Cabinets	\$	\$
Annual Insurance	\$	Flooring	\$	\$
Other:	\$	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. Example, the cost of replacing a roof (every 20 years)*

***Repair Expense is one that generally reoccurs over a short period. Example, the cost of painting the interior of a suite (done each year)*

All information is CONFIDENTIAL and is required by the due date provided on the letter.

Comments: _____

<p>If an appraisal has been done in the past 4 years, please indicate the date, purpose, and estimated value. _____</p> <p>_____</p>	
<p>Also, is the appraisal available for inspection upon request if it is determined to be necessary in the future? _____</p>	
<p>All information provided herein has been examined by me and is true, current, and complete to the best of my knowledge.</p>	
Name: _____	Day Time Phone No: _____
Signature: _____	Email: _____
Date: _____	Fax No: _____

**If you require any information or wish to discuss this request, please contact (403) 529-8114 to speak to a multi-family assessor.*

** Please return to the Assessment Department at 580 1 Street SE or email to assessmentforms@medicinehat.ca*

Please Note: 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.