

Parking 1. Does the property have the following? <table style="width:100%; border-collapse: collapse;"> <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> <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> </table> 2. Is the parking rented to a 3rd party? <input type="checkbox"/> No If yes; i. # of stalls rented: _____ ii. Annual rent/stall: \$ _____	Parking Type	# of Stalls	Monthly Rent	Monthly Discount	Enclosed – Heated	_____	\$ _____	\$ _____	Enclosed – Unheated	_____	\$ _____	\$ _____	Carport	_____	\$ _____	\$ _____	Other Income (Annual) Laundry: \$ _____ Other Income: <i>(Please Specify)</i>
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		Dryer		\$
Electricity	\$	Dishwasher		\$
Natural Gas	\$	Air Conditioner		\$
Water & Sewer	\$	Other:		\$
Waste & Recycling	\$	Improvement Expenses	Capital Expenses*	Repair Expenses**
Management Fee:		Roof	\$	\$
<input type="checkbox"/> Self Mgmt:	\$	Exterior Finish	\$	\$
<input type="checkbox"/> Professional Mgmt		Windows & Doors	\$	\$
Caretaker Suite Rent / Wage	\$	HVAC	\$	\$
Cleaning Supplies	\$	Decks / Balconies	\$	\$
Annual Insurance	\$	Cabinets	\$	\$
Other:	\$	Flooring	\$	\$
Other:	\$	Plumbing Fixtures	\$	\$
Other:	\$	Painting / Decorating	N/A	\$
Other:	\$	Other:	\$	\$
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: _____

If an appraisal has been done in the past 4 years, please indicate the date, purpose, and estimated value. _____

Also, is the appraisal available for inspection upon request if it is determined to be necessary in the future? _____

All information provided herein has been examined by me and is true, current, and complete to the best of my knowledge.

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.