



ASSESSMENT REQUEST FOR INFORMATION
MULTI-FAMILY
2025 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 9, 2025**

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

Expenses must reflect the annual fiscal period ended prior to July 1, 2025.
To be considered complete, Rent Rolls and Financial Statements **MUST** cover all requested information.

Note: Assessment values are prepared using any other available information should this request fail to be completed.

PROPERTY INCOME

Rental 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 2025	Rent Incentive & Incentive Duration (Please Specify)	Date of Last Change	# of Months Vacant

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

Rental Income Comments

Tax Roll Acct:

Other Income (Annual)

Income Type	Amount
Laundry	
Pet Fee	
Other:	
Other:	
Other:	
Other:	

Parking Income

Does the property have the following?

Parking Type	# of Stalls	Monthly Rent	Monthly Discount
Enclosed – Heated			
Enclosed – Unheated			
Carport			

Is the parking rented to a 3rd party? ☐ No If, yes:

of stalls rented: _____ Monthly rent/stall: _____

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 (During This Year Only)
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: _____

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*.