

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.

PLEASE INCLUDE A CURRENT COPY OF YOUR CONTINUING CARE CONTRACT WITH AHS, IF APPLICABLE.

PROPERTY INCOME

Rental Income

[illegible]

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

Government Funding – Annual

(Please specify allocation funding used)

Rental Income Comments

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 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 (During This Year Only)
Advertising / Marketing		Fridge		
City License Fee		Stove		
Office / Accounting		Washer		
Owner Paid Utilities	Amount	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. (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)

If meal or accommodation service expenses are part of the monthly rental income, please provide the average monthly meal or accommodation expenses per occupied room.

COMMENTS

APPRAISALWas 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: _____