

Powers & Associates Appraisal Services Inc.

Phone: 1.877.867.9079

Fax: 1.888.360.9787

Email: assessor@powersandassociates.ca

PROPERTY QUESTIONNAIRE

Municipality: _____ **Roll#** _____

Legal Description: Plan: _____ / **Blk:** _____ / **Lot:** _____

Property Address: _____

1. Are there areas of the property that are leased to other commercial operators, for example Restaurant or Lounge? (Check one or both)
Owner occupied _____ Percent of Property Owner Occupied: _____%
Leased to tenants _____ Size/Area of Property Leased to Tenants: _____ SF or SM

2. Has there been an appraisal or written estimate of value on this property within the past three years? (Check one)
Yes _____ No _____

If yes: What is the value estimate? _____
What is the date of the appraisal? _____
Who do we contact to obtain a copy? _____
What is their phone number? _____

3. Is the property currently listed for sale or has it been listed in the past 3 years?
Yes _____ No _____

List Price? _____
Date Listed? _____
Listing Realtor? _____

4. What was the average vacancy between **July 1 to June 30 of last year?**

5. Are you aware of any structural or mechanical problems with the building? Please explain and provide details.

6. Are there any factors that may affect the value of this property that you are aware of?
I.e.: environmental, deferred maintenance (please explain)

7. What is your opinion of value for this property? \$ _____

8. What are the improvements valued at for Insurance Coverage? \$ _____

9. Additional Comments:

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GROSS ANNUAL REVENUE \$ _____

Occupancy (Circle One):	45%	65%	85%
	50%	70%	90%
	55%	75%	95%
	60%	80%	100%

Other Occupancy Rate (AS %) _____ %
(% of Gross Revenue)

Room Expense Rate:	5%	20%
(Cable/Sat/Phone/Cleaning Etc.)	10%	25%
(% of Total Room Revenue)	15%	30%

OR Room Expense: \$ _____

Admin & General Expense Rate:	7%	10%
(% of Gross Revenue)	8%	11%
	9%	12%

OR Admin & General Expense: \$ _____

Marketing Expense Rate:	1%	4%
(% of Gross Revenue)	2%	5%
	3%	6%

OR Total Marketing Expense: \$ _____

Utilities Expense (Per Room): \$ _____

OR Total Utilities Expense: \$ _____

Management Expense Rate:	2%	5%
(% of Total Room Revenue)	3%	6%
	4%	7%

OR Total Management Expense: \$ _____

Annual Franchise Fee (if applicable): \$ _____

Annual Insurance Cost: \$ _____

Annual Taxes: \$ _____

TOTAL ANNUAL EXPENSES: \$ _____

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HOTEL/MOTEL INCOME AND EXPENSE REPORTING FORM

Municipality: _____ **Roll#** _____

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Property Address: _____

PART 1 – DESCRIPTIVE DATA		
Charges included/Not included in Room rates		Recreational Facilities (Yes/No)
Telephone	Included	Pool
	Not Included	Fitness Room
Parking	Included	Sauna
	Not Included	Whirlpool
	Number of Parking Spaces	Other – Specify

PART 2 – FOOD/BEVERAGE SALES		
Public Facilities	Number of Seats	Floor Area (SF)
Restaurant		
Dining Room		
Banquet		
Conference		
Lounge		
Tavern (Pub)		
Retail Liquor Outlet		
Other Facilities		
Room Service		

PART 3 – ROOM RATES	2014	2015	2016
Total Number Of Rentable Rooms			
Average Annual Rate/Room/Day			
Average Vacancy for Year			

PART 4 – REVENUE	2014	2015	2016
Room Rentals			
Food			
Beverage			
Telephone			
Other Operated Departments – VLT's etc. Attach List			
Retail Tenant(s) – Attach List			
Total Revenue			

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PART 5 – DEPARTMENT EXPENSES	2014	2015	2016
Room's Expenses			
Food and Beverage Expenses			
Telephone Expenses			
Other Operated Departments Expenses VLT's etc. Please Attach List			
Total Department Expenses			
Gross Operating Income			

PART 6 – UNDISTRIBUTED OPERATING EXPENSES			
Administrative and General			
Management Fee			
Marketing and Guest Maintenance			
Franchise Fee			
Property Operation and Maintenance			
Utilities			
Other Unallocated Expenses			
TOTAL OPERATING EXPENSES			

PART 7 – FIXED EXPENSES			
Occupancy Expenses			
Insurance (Property and Liability)			
Property Taxes			
Reserve for Replacement – Realty			
Reserve for Replacement – Furniture, Fixtures & Equipment			
Total Fixed Expenses			
Net Income			

PART 8 – CAPITAL EXPENDITURES			
Realty			
Date of Last Major Renovation			
Furniture, Fixtures, & Equipment (FF & E)			
Date of Last Major Upgrade of FF & E			

I HEREBY CERTIFY THAT THE INFORMATION IS TRUE AND COMPLETE

Name (please print) _____ Signature _____

Date _____ Contact Name _____

Phone _____ Fax _____

Email _____