

**POWERS & ASSOCIATES APPRAISAL SERVICES INC.**

PHONE: 1.877.867.9079    FAX: 1.888.360.9787    EMAIL: [ASSESSOR@POWERSANDASSOCIATES.CA](mailto:ASSESSOR@POWERSANDASSOCIATES.CA)

**HOTEL / MOTEL / INN - 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 is the **average vacancy between July 1 to June 30 of this past year?** \_\_\_\_\_ %
5. What was your **average nightly rental rate** in June/July of this year? **\$** \_\_\_\_\_ **Per Night**
6. Are you aware of any structural or mechanical problems with the building? Please explain and provide details and photos if necessary.  
\_\_\_\_\_  
\_\_\_\_\_
7. Are there any factors that may affect the value of this property that you are aware of?  
I.e.: environmental, deferred maintenance (please explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What is your opinion of value for this property? \$ \_\_\_\_\_
9. What are the improvements valued at for Insurance Coverage? \$ \_\_\_\_\_
10. Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

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**GROSS ANNUAL REVENUE**                      \$ \_\_\_\_\_                      **AVG NIGHTLY ROOM RATE:** \$ \_\_\_\_\_

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:** \_\_\_\_\_

<b>PART 1 – DESCRIPTIVE DATA</b>		
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

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

PLEASE PROVIDE THE PAST 3 YEARS:

<b>PART 3 – ROOM RATES</b>	Year: _____	Year: _____	Year: _____
Total Number Of Rentable Rooms			
Average Annual Rate/Room/Day			
Average Vacancy for Year			

<b>PART 4 – REVENUE</b>	Year: _____	Year: _____	Year: _____
Room Rentals			
Food			
Beverage			
Telephone			
Other Operated Departments – VLT's etc. Attach List			
Retail Tenant(s) – Attach List			
Total Revenue			

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<b>PART 5 – DEPARTMENT EXPENSES</b>	Year: _____	Year: _____	Year: _____
Room's Expenses			
Food and Beverage Expenses			
Telephone Expenses			
Other Operated Departments Expenses VLT's etc. Please Attach List			
<b>Total Department Expenses</b>			
<b>Gross Operating Income</b>			

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

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

<b>PART 8 – CAPITAL EXPENDITURES</b>			
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 \_\_\_\_\_