

**POWERS & ASSOCIATES APPRAISAL SERVICES INC.**

Phone: 1.877.867.9079

Fax: 1.888.360.9787

Email: [assessor@powersandassociates.ca](mailto:assessor@powersandassociates.ca)

**PROPERTY QUESTIONNAIRE**

Municipality: \_\_\_\_\_ Roll# \_\_\_\_\_

Legal Description: Plan: \_\_\_\_\_ / Blk: \_\_\_\_\_ / Lot: \_\_\_\_\_

Property Address: \_\_\_\_\_

1. Is the property owner occupied or leased or combination? (check one or both)

Owner occupied? \_\_\_\_\_ % Page 1 Required

Leased to tenants? \_\_\_\_\_ % Page 1 & 2 Required

2. Have there been any appraisals or written estimates of value on this property within the past three (3) years? (check one)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: What was the value estimate? \_\_\_\_\_

What was the date of the appraisal? \_\_\_\_\_

**Please provide a copy of the appraisal with this return.**

3. Is the property currently listed for sale or has it been listed during the past 3 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

List Price: \_\_\_\_\_

Date Listed: \_\_\_\_\_

Listing Realtor: \_\_\_\_\_ MLS#: \_\_\_\_\_

4. What is the average vacancy (%) for the period July 1<sup>st</sup> to June 30<sup>th</sup> of the past year?

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 (land and buildings)? \$ \_\_\_\_\_

8. What is the estimated value for Insurance Coverage (Building)? \$ \_\_\_\_\_

9. Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

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**Confidential Rental Schedule - (Not required for 100% owner occupied property)**

Municipality: \_\_\_\_\_ Roll# \_\_\_\_\_

Legal Description: Plan: \_\_\_\_\_ / Blk: \_\_\_\_\_ / Lot: \_\_\_\_\_

Property Address: \_\_\_\_\_

Unit #	Tenant	Type of finish Office/ Retail/ Warehouse	Floor ie:bsmt, main or upper	Square Feet	Annual Rent per Square Foot (\$)	Commence Month/Year	Expire Month/Year	Monthly Base Rent	Triple Net or Gross See Below	Common area Costs	Other Rent Costs	Other Rent Description	Rent Concession	Concession Type	Tenant Improvement Allowance	Total Annual Rent

\*Triple net or net lease rates are exclusive of all operating costs  
 \*Gross lease rates are inclusive of all costs to tenant (no additional operating costs to tenant)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE

Prepared By (Please Print) \_\_\_\_\_ Title: \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_