

POWERS & ASSOCIATES APPRAISAL SERVICES INC.

Phone: 1.877.867.9079

Fax: 1.888.360.9787

Email: assessor@powersandassociates.ca

Municipality: _____ Roll# _____

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

Property Address: _____

Email Address: _____ Will be kept CONFIDENTIAL

Do we have your consent to use email for future correspondence? Y/N _____

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

Owner occupied? _____ % Page 1 & 2 Required

Leased to tenants? _____ % Page 1, 2 & 3 Required

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

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 1st to June 30th 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 you would like the assessor to consider:

10. Has **COVID-19** Impacted your property? _____ Please Explain: _____

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Actual Annual Expenses (Please do not include mortgage/financing debt service, depreciation allowances or capital improvements)

		Paid by Tenant (Y/N)
Operating		
Heating	\$ _____	_____
Electricity	\$ _____	_____
Water and Sewer	\$ _____	_____
Garbage	\$ _____	_____
Janitor	\$ _____	_____
Other (please specify)		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
Total Operating Expenses	\$ _____	
Repair and Maintenance		
Building – Exterior	\$ _____	_____
Building – Interior	\$ _____	_____
Grounds – Site Maintenance	\$ _____	_____
Elevator	\$ _____	_____
Other (please specify)		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
Total Repair and Maintenance Expenses	\$ _____	
Administration		
Management	\$ _____	_____
Wages and Salaries (caretaker etc.)	\$ _____	_____
Annual Insurance	\$ _____	_____
Supplies	\$ _____	_____
Legal and Audit	\$ _____	_____
Advertising	\$ _____	_____
Office/Telephone	\$ _____	_____
Property Taxes	\$ _____	_____
Other (please specify)		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
Total Administration	\$ _____	
TOTAL ACTUAL EXPENSES	\$ _____	

What are your expenses as a percent of:

Gross Property Revenue? _____ %

Net Property Revenue? _____ %

Additional Expenses due to COVID-19?
