

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: _____

PROPERTY QUESTIONNAIRE (To be completed by Owner or Manager of Property)

1. What is the total number of apartment units on the property? _____
2. At present, how many of the units are vacant (or available for rent)? _____
3. Are you aware of any structural or mechanical problems with the building(s) or infrastructure?

Please explain and provide details.

4. Are there any factors that may affect the value of this property that you are aware of? (Eg: environmental, deferred maintenance?) Please explain.

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

Yes _____ No _____

If yes: What was the value estimate? _____

What was the date of the appraisal? _____

Please attach a copy of the appraisal to this return.

6. Is the property currently listed for sale or has it been listed in the past three (3) years?

Yes _____ No _____

List Price? _____

Date Listed? _____

Listing Realtor? _____

Listing Realtor Phone Number: _____

7. What is the estimated value for Insurance Coverage (Building)? _____

8. Additional Comments you may wish to provide:

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Confidential Expense Statement *(To be completed by Owner or Manager of Property)*

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

=====

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 \$ _____

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Confidential – Apartment Rental Schedule

Basement

Main Floor

2nd Floor

3rd Floor

Unit #	Vacant or Occupied V/O	Type: (Bach or #BRs)	Monthly Rent	Unit #	Vacant or Occupied V/O	Type: (Bach or #BRs)	Monthly Rent	Unit #	Vacant or Occupied V/O	Type: (Bach or #BRs)	Monthly Rent	Unit #	Vacant or Occupied V/O	Type: (Bach or #BRs)	Monthly Rent

Annual Laundry Income _____ Do any of the suites include furnishings? _____

Please provide information for previous two years

Year	Total Gross Income	Total operating expense	Annual Vacancy

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE

Prepared by: (please print) _____ Title: _____ Phone: (____) _____
 Fax: (____) _____ email address: _____
 Signature: _____ Date: _____ Rental Schedule as of (Date): _____