

# POWERS & ASSOCIATES APPRAISAL SERVICES INC.

Phone: 1.877.867.9079

Fax: 1.888.360.9787

Email: [assessor@powersandassociates.ca](mailto: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 and/or photos if necessary.

---

---

---

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: \_\_\_\_\_ MLS#: \_\_\_\_\_

Listing Realtor Phone Number: \_\_\_\_\_

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

8. What is your Estimate of Value for the Property? \$ \_\_\_\_\_

9. Additional Comments you may wish to provide:

---

---

---

# POWERS & ASSOCIATES APPRAISAL SERVICES INC.

PHONE: 1.877.867.9079

FAX: 1.888.360.9787

EMAIL: [ASSESSOR@POWERSANDASSOCIATES.CA](mailto:ASSESSOR@POWERSANDASSOCIATES.CA)

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

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

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

**Hint: Rather than filling out the below, Please Send your June & July Rent Roll.**

\*\*\*\*Confidential – Apartment Rental Schedule\*\*\*\*

Basement				Main Floor				2 <sup>nd</sup> Floor				3 <sup>rd</sup> 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? \_\_\_\_\_

<i>Please provide information for previous two years</i>	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): \_\_\_\_\_