

Powers & Associates Appraisal Services Inc.

Phone: 1.877.867.9079

Fax: 1.888.360.9787

Email: 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? _____ (Expense information required)
Leased to tenants? _____ (Lease & Expense information 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? _____

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.

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 Expense Statement (required for both leased and owner occupied property)

Municipality: _____ Roll# _____

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

Property Address: _____

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	\$ _____	

PLEASE NOTE: If your property is 100% owner occupied you are not required to submit lease information that may not exist (the next page). You ARE REQUIRED to submit all expense information relating to the operation of the real property being assessed.

