

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. What is the total number of apartment units on the property? _____
- 2. In **June/July** how many of the units were 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 would like the assessor to consider:

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

POWERS & ASSOCIATES APPRAISAL SERVICES INC.

Phone: 1.877.867.9079 Fax: 1.888.360.9787 Email: assessor@powersandassociates.ca

Confidential Expense Statement

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. _____	\$ _____
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. _____	\$ _____
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?

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: _____

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

****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): _____