



Assessment Services

### Multi Residential

#### Income and Expense Information

<b>Income year:</b> _____	<b>Due Date:</b> _____
Municipality _____	Contact name _____
Roll number _____	Phone number _____
Civic address _____	Alternate number _____
Property name _____	Email _____

**Property Characteristic Information** - Please indicate if the property has the following amenities:

- Security System
- Common Room/Recreation Centre
- Guest Suite and/or rentable Area Gross annual revenue \$ \_\_\_\_\_
- Source of Other Income (specify) \_\_\_\_\_ Gross annual revenue \$ \_\_\_\_\_
- Laundry facilities Gross annual revenue \$ \_\_\_\_\_
- Caretaker Suite Monthly Rent \$ \_\_\_\_\_

Parking Details	# of Spaces	Monthly Rent	Gross Annual Revenue
Outdoor			
Surface Covered			
Attached Garage			
Detached Garage			

**Vacancy Information**

Annual vacancy \_\_\_\_\_%

Collection losses \$ \_\_\_\_\_

**Capital Expenses**

Has the property had any capital improvements in the last year?    Yes    No

If "Yes", please provide a detailed breakdown of the type and cost of capital improvements.

**Expense Information** - Who pays for the following?

- Heat  owner  tenant  
 Cable TV  owner  tenant  
 Internet  owner  tenant  
 Hydro  owner  tenant  
 Common area costs  owner  tenant

<b>Entrance Fees</b> –Does the property have an entrance fee? Yes No			
“Yes”, please indicate the Minimum Entrance Fee Requirement:			
1 bedroom	_____	2 bedroom	_____
Length of amortization	_____	interest rate	_____ %

**Please fill in the chart below. Alternatively, you can provide a copy of your rent roll.**

*Example – The building has 4 one-bedroom suites on the 1<sup>st</sup> floor: two rent for \$900/month, one rents for \$1000/month, and one is vacant but would rent for \$1000/month. The data is entered as follows:*

1 Bedroom	Basement	@	@	@	@
1 Bedroom	1st Floor & up	2 @ \$900	2 @ \$1000	@	@

Suite Type	Location	No. of Units @ Monthly Rent	No. of Units @ Monthly	No. of Units @ Monthly Rent	No. of Units @ Monthly Rent
Bachelor	Basement	@	@	@	@
	1st floor & up	@	@	@	@
1 Bedroom	Basement	@	@	@	@
	1st floor & up	@	@	@	@
2 Bedroom	Basement	@	@	@	@
	1st floor & up	@	@	@	@
3 Bedroom	Basement	@	@	@	@
	1st floor & up	@	@	@	@

**Question or Comments:**

**Certification** - I hereby certify that all information contained in this statement is true and correct. I understand that willfully making any false statement of material fact herein will subject the property to the penalties outlined in The Municipal Assessment Act.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please email this form along with a copy of your financial statement to [incomeinfo@gov.mb.ca](mailto:incomeinfo@gov.mb.ca)