

STATEMENT OF PROPERTY INCOME AND EXPENSES 2022

Address:

Instructions: Roll number:

Complete the sections identified in the table below depending on the type of property you own:

	SECTION									
	Α	В	С							
TYPE OF PROPERTY										
Residential rental	\checkmark		√							
Commercial		√	√							
Mixed use (residential rental and commercial)	✓	√	√							

2 For each section, please provide the following information:

SECTION	INFORMATION TO PROVIDE
A	The monthly rent for each of the units in this property as of July 1 st , 2022; Services included in the rental price by checking the appropriate boxes; Vacant units and those occupied by the owner.
В	The monthly rent (excluding taxes) for each unit of the property and all additional rents as of July 1 st , 2022; The name of each commercial tenant, the vacant units and the unit occupied by the owner; The services included in the price of the basic and additional rent by entering "B" or "A" in the appropriate boxes.
С	The income amounts for 2022 and the expenses attributable to the property for two full consecutive years (12 months) of 2021-2022 or 2020-2021.

- For help, please refer to the explanatory notes at the bottom of the page of sections A and B.
- If the owner is the sole occupant of the building, complete only the "Expenses" lines in section C.
- Once completed, please return the form either:
 - 1) by email at evaluation@gatineau.ca

2) by mail at: Ville de Gatineau

Service d'évaluation C.P. 1970, succ. Hull

Gatineau (Québec) J8X 3Y9



SECTION A - RESIDENTIAL RENT

NUMBE (indicate	R OF UNITS: LEASE LEASE							SERVICES INCLUDED IN THE PRICE OF THE MONTHLY RENT (check)											check)				
		NUMBER OF ROOM(S) (2)		Plea as we	ase enter t	he monthly etails of th	r cost of each ι e rental agreen	unit nent.		HED gerator)				NNING	YER							OTHERS	
UNIT NUMBER	CIVIC NUMBER	FLOOR (1)	MBER OF F	OCCUPANT (3)	MONTHLY RENT AS OF JULY 1 ST , 2022	TERM OF	LEASING eck)		G PERIOD IM/YY)	FURNITURE	SEMI-FURNISHED (stove and refrigerator)	ELECTRICITY	HEATING	HOT WATER	AIR CONDITIONNING	WASHER / DRYER OUTLET	ELEVATOR	STORAGE	DNIXIQVO				(enter any other service included in the rent and/or any comments about the rents)
<u> </u>	CI≤	F.	D N	ő	(\$)	ANNUAL	MONTHLY	START	END	E.	SEI (sto	E	爿	오	AR	§ ∂	E	STC	IND.	OUT.	IND.	OUT.	
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								_															

1) Floor:

SS:

If the residential unit is located under ground level.

RDC (1st) If the residential unit is located on the ground floor.

2nd, 3rd: If the residential unit is located on the 2nd or 3rd floor and so on.

If the residential unit is located entirely on a mezzanine. Mezz.:

2) Number of room(s):

2,5 : If bachelor.

3,5: If one bedroom apartment.

4,5: If two bedroom apartment.

5,5: If three bedroom apartment.

6,5: If four bedroom apartment.

7,5 : If five bedroom apartment.

1,0: If one room only with shared kitchen.

3) Occupant :

V : Vacant

O : Owner

J : Janitor

T : Tenant



SECTION B - COMMERCIAL RENT

NUMBE (indicate a				BASIC RE	NT (excluding GS	ST and QST)	ADDITIONNAL RENT (excluding GST and QST)						INDICATE SERVICES INCLUDED IN THE BASIC OR ADDITIONNAL RENT (enter «B» for basic rent, «A» for additionnal rent or leave blank if not applicable)												
		(2)	OCCUPANT		Please enter the monthly cost of each commercial unit as well as the lease details.				If the lease includes a common costs clause or if the additional rent corresponds to a percentage of sales, please enter either the rate, the amount or the percentage as well as the amount and indicate the frequency of payment ("A" for annual or "M" for monthly).					IING	AL/	REPAIR	NCIERGE	TAXES	ITAINERS			S (2)	O (enter «B	THER SERVICES INCLUDED w for basic rent or «A» for additionnal rent	
UNIT NUMBER	FLOOR (1)	UNIT AREA (FT²)	(name of business, tenant, owner or "vacant" if it is the case)	MONTHLY RENT AS OF JULY 1 ST , 2022		S PERIOD IM/YY)	SE	GE FOR COMMON RVICES AS OF JLY 1 ST , 2022	PERCE	NTAGE OF SALES	TERM	ELECTRICITY	HEATING	AIR CONDITIONING	SNOW REMOVAL/ LAWN MOWING	MAINTENANCE/REPAIR	CLEANING/CONCIERGE	REAL ESTATE TAXES	SANITARY CONTAINERS	SNIXOVO		TAL	O (enter «E	and indicate the service)	
TIND	FLO	N D		(\$)	START	END	RATE	(\$)	(%)	(\$)	A or M	ELEC	HEA	AIR (SNO	MAIN	CLE/	REA	SAN	IND.	OUT.	REN	A or B	SERVICE	
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SS:	If the commercial unit is located under ground level.
RDC (1st)	If the commercial unit is located on the ground floor.

2nd, 3rd: If the commercial unit is located on the 2nd or 3rd floor and so on.

If the commercial unit is located entirely on a mezzanine. Mezz.:

2) Rental improvements:

Check if the rental improvements were paid by the owner or if they were already in place when the lease was signed. If they were only partially paid by the owner, please specify in the comments section.

Comments :							



E-mail:

•	for 12 months / ending date)	DD (111100)	
(excluding GS		DD/MM/YY	
Residentia			ĺ
101	Basic residential rents collected	\$	
102	Laundry	\$	
103	Parking	\$	
104	Bad debts	\$	
Commerci	al income		I
105	Basic commercial rents collected	\$	
106	Rents charged on a percentage of sales	\$	
107	Rents (escalator clauses)	\$	
108	Charges for common services	\$	
109	Property taxes	\$	
110	Other income Specify :	s	
111	Bad debts	\$	
	TOTAL INCOME		
EVDENCE	C (for 42 months / anding data)		
(including GS	S (for 12 months / ending date)	DD/MM/YY	DD/MM/YY
Operating			
201	Salaries and wages (not included on lines 211, 212 and 213) (ex.: janitor (including value of free rent accomodation, if applicable), security guards, maintenance foremen wages, etc. You must include employment insurance contributions, pension fund contributions and other fringe benefit contributions.)	\$	\$
202	Supplies (cost of materials or supplies not included on line 214) (ex.: purchase of paper, light bulbs, employee uniforms, etc.)	\$	
203	Electricity (if shared premises only, check here) If the building is electrically heated, enter total electrical costs on line 204 instead.	\$	
204	Energy (total energy cost for heating, air conditionning and hot water for the property) (ex.: electricity, heating oil and natural gas)	\$	S
205	Insurance (annual cost of insurance against fire and public liability) If the cost of insurance is borne by the owner and covers a period of more than one year, reduce that cost to an annual amount.	\$	S
206	Municipal taxes (annual basis)	\$	\$
207	School taxes (annual basis)	\$	\$
208	Services (cost of services to the building not entered elsewhere) (ex. : cable television charges) Specify:	\$	\$
209	Snow removal and lawn mowing (annual amount)	\$	
210	Sanitary containers	\$	
Manageme	ent	~	
211	Management expenses (if you personally manage the property, check here) Salaries of management personnel or fees charged by a management agency. If you personnally manage your property, check the		
	appropriate box and enter an estimate of your expenses.	\$	\$
212	Professional fees	\$	S
213	Other administrative expenses (cost for advertising services, telephone service, miscellaneous fees, etc.) Specify:	\$	\$
Maintenan	ce and repairs		
	Maintenance and repairs to building (all costs for repairing and maintening the interior and exterior of the building to keep it in its original state: expenditures not subject to capital cost allowance)		
214	(ex. : painting, decoration, maintenance of landscaped areas, maintenance of heating system, repairs of existing plumbing, cleaning, etc.) Specify:	\$	S
215	Other operating expenses Specify:	\$	
	TOTAL EXPENSES	\$	\$
215	Major repairs or renovations (actual period)		
216	Specify: Major repairs or renovations (previous period)	\$	\$
	Specify: I declare that all the information given on this form is correct and complete in all respects, knowing that it has the san	ne force and effect as if taken	under oath, in accordance
	Evidence Act . Making a false statement is a serious offense.	24	,
Signature :		Date (dd/mm/yy):	
Name:		Telephone :	