



Questionnaire on Income Producing Properties

(Pursuant to the Prince Edward Island Real Property Assessment Act R.S.P.E.I. 1988)

Mail this questionnaire to Taxation and Property Records, PO Box 1150, Charlottetown, PE C1A 7M8 or deliver to 95 Rochford Street, Shaw Building, 1st Floor, Charlottetown, PE. For more information about this questionnaire, please call (902) 368 4078.

Freedom of Information and Protection of Privacy

Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Manager, Corporate and Tax Administration Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

| Section A – Property Identification | | |
|-------------------------------------|--------------------|------------|
| Parcel Number: | Property Location: | |
| Property Owner's Name: | | |
| Mailing Address: | | |
| Province: | Postal Code: | Telephone: |

| Section B – Rental Information | | | | | |
|--|-------------|--------------------|------------------------------------|---|-----------------------|
| 1. Indicate the following information for the most recent year of operation. Year: | | | | | |
| Floor | Unit Number | Number of Bedrooms | Rent (per month or square foot) | Unit of Rent (number of months or square feet) | Potential Annual Rent |
| | | | \$ | X | = \$ |
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| | | | \$ | X | = \$ |
| | | | \$ | X | = \$ |
| | | | \$ | X | = \$ |
| Other Income – i.e., parking, laundry, etc. (please specify): | | | | | = \$ |
| Total Gross Income | | | | | = \$ |

2. Are appliances included in rent? Yes No If yes, please list the types of appliances below:

Section C – Rental Vacancy

List the unit number or the square footage of each unit and indicate when it was vacant for the **most recent year** of operation.

| Unit No. or Sq. Footage | Vacant From (month / day / year) | Vacant To (month / day / year) |
|-------------------------|-------------------------------------|-----------------------------------|
| _____ | ____ / ____ / ____ | ____ / ____ / ____ |
| _____ | ____ / ____ / ____ | ____ / ____ / ____ |
| _____ | ____ / ____ / ____ | ____ / ____ / ____ |
| _____ | ____ / ____ / ____ | ____ / ____ / ____ |

Section D – Operating Expenses

| Expense | Most Recent Full Year | Two Previous Years | |
|--|-----------------------|--------------------|----------|
| | Year: | Year: | Year: |
| Heating | \$ _____ | \$ _____ | \$ _____ |
| Electricity | \$ _____ | \$ _____ | \$ _____ |
| Water and Sewer | \$ _____ | \$ _____ | \$ _____ |
| Insurance | \$ _____ | \$ _____ | \$ _____ |
| Advertising | \$ _____ | \$ _____ | \$ _____ |
| Professional Fees | \$ _____ | \$ _____ | \$ _____ |
| Snow/Garbage Removal | \$ _____ | \$ _____ | \$ _____ |
| Telephone | \$ _____ | \$ _____ | \$ _____ |
| Repairs and Maintenance | \$ _____ | \$ _____ | \$ _____ |
| Supplies | \$ _____ | \$ _____ | \$ _____ |
| Cleaning | \$ _____ | \$ _____ | \$ _____ |
| Management | \$ _____ | \$ _____ | \$ _____ |
| Property Tax | \$ _____ | \$ _____ | \$ _____ |
| Major Capital Expenditure (Specify) – | \$ _____ | \$ _____ | \$ _____ |
| Other (Specify) – | \$ _____ | \$ _____ | \$ _____ |
| Other (Specify) – | \$ _____ | \$ _____ | \$ _____ |
| Other (Specify) – | \$ _____ | \$ _____ | \$ _____ |
| Total Expenses | \$ _____ | \$ _____ | \$ _____ |

Section E – Comments

Section F – Certification

I hereby certify the information contained in this questionnaire is fully and truly stated to the best of my knowledge and belief.

Signature of Property Owner or Agent Title Date