

Multi Family Residential Income and Expense Information

Income year: _____

Section 1 - General Information

Municipality _____	Contact name _____
Roll number _____	Phone number _____
Civic address _____	Cell number _____
Property name _____	Email _____

Section 2 - Property Characteristic Information

Does your property have the following?

laundry Facilities	common room/recreation centre
elevator	security system
swimming pool	patios/decks

Section 3 - Expense Information

Who pays the following expenses?

heat	owner	tenant
cable TV	owner	tenant
hydro	owner	tenant
common area	owner	tenant

Capital Expenses

Has the property had any capital improvements in the last year? yes no

If yes, please provide a detailed breakdown of type and cost of capital expenses incurred in the last year.

Section 4 - Caretaker Suite

Type: bachelor 1 bedroom 2 bedroom 3 bedroom 4 bedroom

Location: basement 1st floor 2nd floor and up

monthly rental: \$ _____

Section 5 - Vacancy Information

vacancy _____ %

collection losses \$ _____

To fill out this form online please go to <http://www.gov.mb.ca/ia/assessment/questionnaires.html>
Please email this form along with a copy of your financial statement to assessment@gov.mb.ca

Section 6 - Suite Income Information

Example: You have 4 one bedroom suites on the main floor. Two of them rent for \$350/month. One rents for \$365/month and one is vacant but would rent for \$365/month when it is occupied. The data would be entered as follows:

1 Bedroom	Main Floor	2 @ \$350	2 @ \$365	@	@
Type of Suite		Potential Monthly Rental			
Bachelor	Basement	@	@	@	@
	1st floor	@	@	@	@
	2nd floor and up	@	@	@	@
1 Bedroom	Basement	@	@	@	@
	1st floor	@	@	@	@
	2nd floor and up	@	@	@	@
2 Bedroom	Basement	@	@	@	@
	1st floor	@	@	@	@
	2nd floor and up	@	@	@	@
3 Bedroom	Basement	@	@	@	@
	1st floor	@	@	@	@
	2nd floor and up	@	@	@	@
4 Bedroom	Basement	@	@	@	@
	1st floor	@	@	@	@
	2nd floor and up	@	@	@	@

Section 7 - Miscellaneous Income

Information Indoor Parking:

Type of Indoor Parking	No. of spaces available	rent/month/space
Attached Garage	_____	_____
Detached Garage	_____	_____
Parkade	_____	_____

Gross annual revenue from Indoor Parking: _____

Is indoor parking included in monthly suite rental? yes no

Outdoor Parking:

Number of spaces available: _____ @ \$ _____ /month

Gross annual revenue from Outdoor Parking: \$ _____

Is Outdoor Parking included in monthly suite rental? yes no

Laundry:

Gross annual revenue from Laundry: _____

Section 8 - Comments

Completed By _____ Date _____

Signature _____

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