

Leasable Income and Expense Information

Please complete or correct the following information. (Both sides)

Income Year: _____

Municipality _____

Roll Number _____

Civic Address _____

Property Name _____

Contact Person _____

Phone Number _____

Cell Number _____

Email _____

Lease Details and Income Information:

1. Please show any vacant areas as a tenant along with size of vacant area in "Area Leased"
2. Please show any owner occupied areas as a tenant along with size of area in "Area Leased"

Tenant No	Tenant/Business Name	No of Months Vacant	Lease Start Date	Lease End Date	Area Leased	Rent/Sq Ft	Annual Base Rent	Lease Terms	Annual % of Sales	Annual Recoverable Expense Income	Total Annual Rent	Interior Finished	Are any inducements included in rent? ie value or tenant improvement. Explain
Ex.													
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Total													

To fill out this form online please go to <https://web22.gov.mb.ca/mao/public/questionnaires.aspx>
Please email this form along with a copy of your financial statement to assessment@gov.mb.ca

Operating Expense Details: Please enter the dollar amount for each expense type if owner pays applicable expense
Enter dollar amount beside O if owner pays the expense and it is not recovered from the tenant, or R if the expense is recovered.
NOTE: Recoverable expense income should be entered on page 1

Tenant Number		Property Taxes	Building Insurance	Snow and Garbage Removal	Cleaning and Janitorial Wages	Electricity	Heat/Gas	Sewer/Water	Property Management	Maintenance and Repair	Other Expenses		Total Expenses
Ex	O												
	R												
1	O												
	R												
2	O												
	R												
3	O												
	R												
4	O												
	R												
5	O												
	R												
6	O												
	R												
7	O												
	R												
8	O												
	R												
9	O												
	R												
10	O												
	R												

Completed by _____ Signature _____ Date Completed _____
Comments _____