

**2018
Request for Information
Commercial**

Please refer to the attached guide when completing this form. If you have reports that provide the same information as requested in sections B and C, you may submit a hard copy of those documents. Please fully complete all other sections. Sign and date the last page. Please contact our office at (306) 975-3227 if you have any questions.

Section A: General Information

| | |
|---|---|
| Roll #: | Property Address: |
| Property Owner: | Property Type: |
| Phone #: _____ | |
| <p>1. Does the property owner or a company related to the property owner manage the property?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - Who is the property manager? _____</p> <p style="padding-left: 20px;">Phone Number: _____</p> | |
| <p>2. Building Name (if applicable): _____</p> | |
| <p>3. Is this property completely owner occupied, or occupied by a company related to the property owner?</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Partly</p> |
| <p>4. Total owner occupied area _____ sq ft</p> | |
| <p>5. Number of floors at or above grade _____ Floors</p> | |
| <p>6. Total Leasable area at or above grade (Include owner occupied area) _____ sq ft</p> | |
| <p>7. If there is rentable basement space, indicate the square footage that is rentable (exclude unfinished storage space) _____ sq ft</p> | |

Section B: General Lease Information – As of Dec. 31, 2018

Indicate all leasable spaces in the property regardless whether they are occupied or vacant

| A. Floor # | Unit # | B. Tenant, Owner Occupied or Vacant | Occupant Name | C. Tenant Space Type | D. Free Standing (Y or N) | Leasable Area | Mezzanine (available to each individual occupant) | E. Lease Type (net, semi-gross, gross, or land) | Rent per Sq Ft per Year | Net Monthly Rent | Monthly Occ. Costs | Lease Term (in years) | F. Lease Start Date | G. Expenses Paid by the Owner and Not Recovered from Tenant |
|----------------------|--------|-------------------------------------|---------------|-----------------------|---------------------------|------------------|---|---|--------------------------|--------------------------|--------------------|----------------------------|---------------------|---|
| See definition below | | See definitions below | | See space types below | See definition below | (in square feet) | (none, storage only, or fully finished) | See definitions below | Excl. GST and occ. costs | Excl. GST and occ. costs | If applicable | If month to month show mtm | Year and Month | See expenses below |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |

A. Floor – Indicate basement (B), semi-basement (SB), main (M), mezzanine (Mezz), second floor (2nd), third floor (3rd), if more than one floor indicate 2nd & 3rd, etc.

B. Type of Occupant (Owner Occupied) – If the occupant is related to the property owner through common business interests, this is an owner occupied space.

C. Tenant Space Type (Select one for each space):

| | | | | |
|------------------|------------|-------------------|-----------|--|
| Automotive | Bank | Convenience Store | Grocery | Office |
| Office - Medical | Restaurant | Retail | Warehouse | Other– Explain in space provided at the bottom of the page |

D. Free Standing – space that does not adjoin any other tenant space either occupied or vacant.

E. Lease Type – “**Net**” – if the tenant pays for all of the property costs (directly or through recovery), “**Gross**” if the owner pays for all of the property costs, “**Semi-Gross**” if costs are shared, and “**Land Lease**” if the tenant leases the land.

F. Lease Start Date – This is the year and month that the lease began and rental terms were set.

G. Expenses paid by Owner & Not Recovered – Indicated taxes (tx), water (wtr), electricity (ele), heat (ht), building insurance (ins), property management (mgt), repairs (rep), other (abbreviations as shown).

Explanation of “Other” Type of Space:

Section C: Property Income and Expenses (for the 12 months ended _____, 20 __)
Please report all income (if applicable) and expenses for the entire building for the full 12 months.

| RENTAL INCOME | | Notes or Comments |
|---|--|--|
| 1. Actual Total Rental Income | | |
| 2. Miscellaneous Income | | |
| • Parking | | |
| • Other (Please specify) | | |
| 3. Expense Recoveries | | |
| 4. Recoveries/Property Taxes | | |
| 5. Recoveries/Other | | |
| EFFECTIVE GROSS INCOME | | |
| LESS: OPERATING EXPENSES | | |
| 6. Management Fees | | Exclude Management fees if the property is managed by the owner |
| 7. Administration Fees | | |
| 8. Salaries/Benefits (Caretaker/Janitor) | | |
| 9. Heating | | |
| 10. Electrical | | If the City of Saskatoon supplies both electricity and water, those expenses can be combined, but please indicate this |
| 11. Water & Sewer | | |
| 12. Grounds Maintenance & Snow Removal | | |
| 13. Security | | |
| 14. Property Taxes | | |
| 15. Insurance | | For the building only |
| 16. Legal & Audit Fees | | |
| 17. Supplies | | |
| 18. Repairs & Maintenance | | Do not include Major Renovations/Capital Expenses here |
| 19. Other Expenses | | |
| • Tenant Improvements Paid by landlord | | |
| • Others (Please specify) | | |
| 1) | | |
| 2) | | |
| 20. Major Renovations/ Capital Expenses (Specify) | | |
| 1) | | |
| 2) | | |
| 3) | | |
| TOTAL PROPERTY EXPENSES | | |
| NET OPERATING INCOME | | |

| Vacancy & Bad Debt – if these items are accounted for in dollar terms, please report | |
|---|--|
| Bad Debts (\$) | |
| Vacancy (\$) | |
| Total Vacancy and Bad Debt | |

Section D: Tenant Inducements

| |
|--|
| Do any tenants benefit from a rent free period? <input type="checkbox"/> Yes – If Yes, attach full details <input type="checkbox"/> No |
| Are there any tenant improvements included in the rent? <input type="checkbox"/> Yes – If Yes, attach full details <input type="checkbox"/> No |
| Do any tenants have capped or fixed occupancy costs? <input type="checkbox"/> Yes – If Yes, attach full details <input type="checkbox"/> No |
| Are there any other rental inducements in place? <input type="checkbox"/> Yes – If Yes, attach full details <input type="checkbox"/> No |

Section E: On Site Parking – as of Dec 31, 2018

| Parking Type | # of Stalls | Is there a charge for parking? | If Yes – Monthly Rent |
|----------------------------------|-------------|--------------------------------|-----------------------|
| Surface Stalls – Electrified | | Yes/No | |
| Surface Stalls – Non-electrified | | Yes/No | |
| Covered or Parkade Stalls | | Yes/No | |
| Enclosed or Underground Stalls | | Yes/No | |

Section F: Notes

| |
|--------------------------|
| NOTES OR COMMENTS |
| |
| |
| |
| |

I declare that all the information provided is complete, true, and accurate to the best of my knowledge.

Dated: _____ **Signed:** _____

Completed by (Please print your name): _____

If a corporation is the owner, indicate your corporate title: _____

Contact Information: Daytime Phone #: (_____) _____ - _____

Fax #: (_____) _____ - _____

Email Address: _____

Please return this form by mail (business reply mail envelope enclosed), fax (306-975-2891) or e-mail (asmt.submit@saskatoon.ca).