



**2019 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 Number: _____	
1. Does the property owner or a company related to the property owner manage the property? <input type="checkbox"/> Yes <input type="checkbox"/> No - Who is the property manager? _____ Phone Number: _____	
2. Building Name (if applicable): _____	
3. Is this property completely owner occupied, or occupied by a company related to the property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly	
4. Total owner occupied area	_____ sq ft
5. Number of floors at or above grade	_____ Floors
6. Total leasable area at or above grade (include owner occupied area)	_____ sq ft
7. If there is rentable basement space, indicate the square footage that is rentable (exclude unfinished storage space)	_____ sq ft

Section B: General Lease Information – as of Dec. 31, 2019

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

A. Floor Level (see definition below)				
Unit #				
B. Type of Occupant Tenant, Owner Occupied or Vacant (see definition below)				
Occupant Name				
C. Tenant Space Type (see definitions below)				
D. Free Standing (indicate yes or no)				
Leasable Area (in square feet)				
Mezzanine (available to each individual occupant, indicate none, storage only, or fully finished)				
E. Lease Type (indicate net, gross, semi-gross, or land; see definitions below)				
Rent per square foot, per year (exclude GST and occupancy costs)				
Net Monthly Rent (exclude GST and occupancy costs)				
Monthly Occupancy Costs (If applicable)				
Lease Term (in years; if month-to-month, indicate mtm)				
F. Lease Start Date (year and month)				
G. Expenses paid by the Owner and, <u>not</u> recovered from the Tenant (see expenses below)				

A. Floor Level – 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 propertyowner through common business interests, this is an owner occupied space.

C. Tenant Space Type – select one of the following for each space: **Automotive, Bank, Convenience Store, Grocery, Office, Office/Medical, Restaurant, Retail, Warehouse, Other** (explain in space provided at bottom of page).

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

E. Lease Type – select one of the following: **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, **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 – Indicate taxes (**tx**), water (**wtr**), electricity (**ele**), heat (**ht**), building insurance (**ins**), property management (**mgt**), repairs (**rep**), other.

(C.) Other – explanation of “Other” Tenant Space Type:

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 (please specify)		
1)		
2)		
3)		
TOTAL PROPERTY EXPENSES		
NET OPERATING INCOME		

Vacancy & Bad Debt – if these items are accounted for in dollar terms, please report below	
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, 2019

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 and Comments

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

Signed: _____ Dated: _____

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 (a business reply mail envelope enclosed), fax (306-975-2891) or email (asmt.submit@saskatoon.ca).