

**2017  
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 the other sections. Sign and date page 4. Call our office at (306) 975-3227 if you have any questions.

**Section A: General Information**

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

**Section B: General Lease Information – As of Dec. 31, 2017**

Indicate all leaseable 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)	Leaseable 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

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

<b>RENTAL INCOME</b>		<b>Notes or Comments</b>
1. Actual Total Rental Income		
2. Miscellaneous Income		
• Parking		
• Other (Please specify)		
3. Expense Recoveries		
4. Recoveries/Property Taxes		
5. Recoveries/Other		
<b>EFFECTIVE GROSS INCOME</b>		
<b>LESS: OPERATING EXPENSES</b>		
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)		
<b>TOTAL PROPERTY EXPENSES</b>		
<b>NET OPERATING INCOME</b>		

<b>Vacancy &amp; Bad Debt – if these items are accounted for in dollar terms, please report</b>	
Bad Debts (\$)	
Vacancy (\$)	
<b>Total Vacancy and Bad Debt</b>	

**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, 2017**

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**

<b>NOTES OR COMMENTS</b>

**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: \_\_\_\_\_

**If you have any questions, please contact our office at (306) 975-3227.**  
 Please return this form by mail (a business reply mail envelope enclosed), fax (306-975-2891) or e-mail (asmt.submit@saskatoon.ca).