



PROPERTY ASSESSMENT DEPARTMENT • SERVICE DE L'ÉVALUATION FONCIÈRE

September 14, 2005

RE: Request for Property Sale and Income/Expense Information
Roll Number:
Property Address:
Assessment Region #:

The City of Winnipeg Property Assessment Department is collecting information for the purpose of preparing the 2010 General Assessment in accordance with Section 9(1) of *The Municipal Assessment Act*.

In order to make property assessments reflective of market value, it is necessary for us to obtain details of recent property sales and, for all income-producing properties, accurate operating income and expense information.

We, therefore, request that you complete the enclosed questionnaires and return them to our office on or before October 5, 2005. Failure to comply with this request will result in the imposition of penalties as outlined in *The Municipal Assessment Act* and detailed in the attached Instructions for Completing Questionnaires.

Please note that the questionnaires and documents included in this package are also available in French by contacting us at 986-2353. Included in this package are:

- Instructions for Completing Questionnaires and Legislative Authority
- Property Income and Expense Questionnaire; Form: 2004-01
- Tenant Verification Form; Form: 2004-02
- Multi-Family Questionnaire; Form: 2004-03
- Property Sale Questionnaire; Form: 2004-04

We are confident that your cooperation will result in an accurate and fair assessment. If you have any questions, please call our Customer Service Centre at 986-2353.

Yours truly,

M. Brian Moore, M.I.M.A.
City Assessor/Director

Embrace the spirit • Vivez l'esprit



PROPERTY ASSESSMENT DEPARTMENT • SERVICE DE L'ÉVALUATION FONCIÈRE

14 septembre 2005

OBJET : Demande de renseignements sur les ventes de biens fonciers ainsi que sur les revenus et les dépenses d'exploitation de biens immobiliers
N° du rôle :
Adresse du bien :
Secteur de l'évaluation :

Le Service de l'évaluation foncière de la ville de Winnipeg collecte des renseignements en vue de la préparation de l'évaluation générale de 2010 en conformité avec le paragraphe 9(1) de la *Loi sur l'évaluation municipale*.

Pour que les évaluations foncières reflètent la valeur marchande, il est indispensable que nous obtenions des renseignements exacts sur les ventes récentes de biens fonciers ainsi que sur les revenus et les dépenses d'exploitation de tous les biens immobiliers productifs de revenus.

Par conséquent, nous vous demandons de bien vouloir remplir les questionnaires ci-joints et nous les retourner au plus tard le 5 octobre 2005. Le fait de ne pas obtempérer à la présente demande se traduira par l'imposition d'amendes ainsi qu'il est indiqué dans la *Loi sur l'évaluation foncière* et dans les instructions ci-jointes sur la manière de remplir les questionnaires.

Veillez noter que les questionnaires et les documents inclus dans le présent envoi sont aussi disponibles en français. Pour les obtenir, composez le 986-2353. Le présent envoi comprend notamment ce qui suit :

- Instructions sur la manière de remplir les questionnaires et dispositions législatives habilitantes
- Questionnaire sur les revenus et les dépenses d'exploitation de biens immobiliers – Formulaire n° 2004-01
- Formulaire de vérification des locataires – Formulaire n° 2004-02
- Questionnaire multifamilial – Formulaire n° 2004-03
- Questionnaire sur les ventes de biens fonciers – Formulaire n° 2004-04

Nous sommes persuadés que votre collaboration permettra d'assurer l'exactitude et la justesse des évaluations. Si vous avez des questions au sujet de ce qui précède, n'hésitez pas à communiquer avec notre Centre de service à la clientèle, au 986-2353.

Nous vous prions d'agréer, Madame, Monsieur, l'expression de nos sentiments les meilleurs.

L'évaluateur de la ville et directeur du Service de l'évaluation foncière,

M. Brian Moore, MIMA

Embrace the spirit • Vivez l'esprit



INSTRUCTIONS FOR COMPLETING QUESTIONNAIRES

GENERAL INSTRUCTIONS

The forms contained in this package indicate a "DUE DATE" of October 5, 2005.
 The information requested is from the calendar year 2004.
PLEASE COMPLETE THE "CERTIFICATION" SECTION ON ALL APPLICABLE FORMS. IF WE REQUIRE CLARIFICATION OR ADDITIONAL INFORMATION, IT IS IMPORTANT FOR US TO HAVE A CONTACT PERSON IDENTIFIED.

PROPERTY INCOME AND EXPENSE QUESTIONNAIRE (FORM: 2004-01)

Enter the information requested for the year 2004. If the property was purchased in 2004, include the income and expense information that was supplied by the vendor.
 In the column, "Property Information", please complete the information required for Total Leaseable Area, Average % of Space Vacant in 2004, Number of Tenants, Number of Indoor Parking Spaces (if applicable) and Number of Outdoor Parking Spaces (if applicable).
 If the property is 100% owner occupied, then complete the information required for "Expenses" and "Capital Cost Summary".

TENANT VERIFICATION FORM (FORM: 2004-02)

This form must be completed for ALL non-residential space. Indicate which space, if any, is occupied by the Building Owner.
 Enter the tenant information for the full calendar year 2004. If the property was purchased in 2004, include the tenant information that was supplied by the vendor. For units that were vacant for part of the year, record the information as follows:

Unit No.	Floor No.	Tenant Name	Primary Use	Lease Start	~~~~~
101	1	Vacant	12	N/A	~~~~~
102	1	The Clothing Store	6	2004/06/01	~~~~~

In the column "Primary Use", please indicate the predominant use of the premises or unit. For example, tenants are located in a shopping mall, and each individual unit may have a different use. A vacant unit would be listed as "12 - Vacant", while the Clothing Store (or unit) would be listed as "6 - Retail".

MULTI-FAMILY QUESTIONNAIRE (FORM: 2004-03)

This form must be completed for all multi-family properties, i.e. apartment blocks, mixed-use properties and residences with more than two dwelling units.
 If the property is mixed use, e.g. commercial on the main floor and apartments above, then this form must be completed along with the Tenant Verification Form, FORM: 2004-02. The Tenant Verification Form should list all of the commercial tenants.
 In the "Property Features/Amenities" section, please specify features such as recreational rooms, meeting rooms, exercise rooms, and extra storage space (non-suite) for tenants.

PROPERTY SALE QUESTIONNAIRE (FORM: 2004-04)

This form is to be completed for all properties that sold in 2004. The Sale Date shown is the date the Transfer of Land was registered at the Winnipeg Land Titles Office.
 Please verify the information in Section A – "Property Identification" and note any discrepancies.
 The Property Use Code is the most recent use of the property and may not be your intended use.
 The Section C - "Property Characteristics" deals with any intended change in use of the property.

LEGISLATIVE AUTHORITY

Each form contains references to the following sections of *The Municipal Assessment Act*:

Assessor may request information

16(1) An assessor may request that a person, including a Crown agency or Crown corporation, who owns, uses or occupies assessable property provide to the assessor information or documentation that relates or might relate to, or that affects or might affect, the value of the property being assessed or that is or might be relevant to assessment of the property which, without limiting the generality of the foregoing, may include information for each year since the previous general assessment respecting

- (a) any sale of the property
- (b) the cost of any construction on the property; and
- (c) any income or expense related to the use or operation of the property

21 days to provide information and declaration

16(2) Where a person, including a Crown agency or Crown corporation, receives a written request from an assessor under subsection (1), the person shall, within 21 days of receiving the request, provide information or documentation to the extent that information or documentation to which the request relates is in the possession or control of the person affirming that the information or documentation provided by the person is complete, true and accurate.

Burden of proof for non-cooperation

53(3) Where an applicant fails or refuses

- (a) to give an assessor a reasonable opportunity to inspect the property; or
- (b) to comply with a request for information and documentation under section 16;

a board shall, at the hearing of the applicant, place the burden of proof on the applicant on all matters at issue.

Effect of providing inconsistent information

54(3.1) Where, in response to a request for information or documentation under clause 16(1)(c), a person provided information or documentation that was substantially at variance with information that he or she presented at the hearing, the presiding officer of the board or panel may order that the information presented by the person at the hearing is not to be considered by the board or panel in making its decision.

Effect of providing no information

54(3.2) Where a person failed to comply with a request for information or documentation under clause 16(1)(c), the board or panel shall specify in its order that any reduction in the assessed value of the person's property is not to take effect until the year following the year in which the order is made, or the year following the year to which the application relates, whichever is later.

Burden of proof for non-cooperation

59(6) Where an applicant fails or refuses

- a) to give an assessor a reasonable opportunity to inspect the property; or
- b) to comply with a request for information and documentation under section 16;

the Municipal Board, on appeal under subsection 56(2), shall, at the hearing of the appeal, place the burden of proof on the property owner on all matters at issue.

Effect of providing inconsistent information

60(2.1) Where, in response to a request for information or documentation under clause 16(1)(c), a person provided information or documentation that was substantially at variance with information that he or she presented at the hearing of an appeal by The Municipal Board, the person chairing the hearing may, whether or not an order was made under subsection 54(3.1) in respect of the matter, order that the information or documentation presented at the hearing is not to be considered by The Municipal Board in making its decision.

Effect of providing no information

60(2.2) Where a person failed to comply with a request for information or documentation under clause 16(1)(c), The Municipal Board shall specify in its order that any reduction in the assessed value of the person's property is not to take effect until the year following the year in which the order is made, or the year following the year to which the application relates, whichever is later.

Offence and penalty

64 Where a person refuses or fails to supply information or documentation as required of the person under this act or the regulations, the person commits an offence and is liable to a fine not exceeding \$25.00 for each day that the person continues to refuse or fails to supply the information or documentation.



The City of Winnipeg

Property Assessment Department

PROPERTY INCOME AND EXPENSE QUESTIONNAIRE
FORM 2004-01

CALENDAR YEAR
2004

DUE: October 5, 2005

ANNUAL INCOME RECEIVED			ANNUAL EXPENSES			PROPERTY INFORMATION
Income Type	<input type="checkbox"/> Gross	<input type="checkbox"/> Net				
Rents			General/ Administration	Incurred	Recovered	
Residential/Apt. Suites	\$ _____	(101)	Insurance	\$ _____ (201)	\$ _____ (301)	Roll Number
Laundry (Multi-Res.)	\$ _____	(102)	Management	\$ _____ (202)	\$ _____ (302)	Assessment Region#
Other Residential (specify)			Professional Fees	\$ _____ (203)	\$ _____ (303)	Property Use Code
_____	\$ _____	(103)	Office Supplies/Equip.	\$ _____ (204)	\$ _____ (304)	Property Owner(s)
Retail			Wages & Benefits (Administrative)	\$ _____ (205)	\$ _____ (305)	Property Address
Rent Income	\$ _____	(104)	Marketing/Advertising	\$ _____ (206)	\$ _____ (306)	Total Leasable Area
Percentage Rents	\$ _____	(105)	Owner/Occupier <input type="checkbox"/> Fully <input type="checkbox"/> Partially	(207)	(307)	_____ (401)
Other Retail (specify)			Total General/Administration Recoveries		\$ _____ (308)	Average % of Space Vacant in 2004
_____	\$ _____	(106)	Utilities/Maintenance			_____ (402)
Office			Hydro	\$ _____ (209)	\$ _____ (309)	Number of Tenants
Rent Income	\$ _____	(107)	Water/Sewer	\$ _____ (210)	\$ _____ (310)	_____ (403)
Percentage Rents	\$ _____	(108)	Heat/Vent/AC(HVAC)	\$ _____ (211)	\$ _____ (311)	[Please complete Tenant Verification Form 2004-02]
Other Office (specify)			Cable/Satellite TV	\$ _____ (212)	\$ _____ (312)	Number of Indoor Parking Spaces
_____	\$ _____	(109)	Waste/Snow Removal	\$ _____ (213)	\$ _____ (313)	_____ (404)
Industrial/Commercial			Security (Monitoring)	\$ _____ (214)	\$ _____ (314)	Number of Outdoor Parking Spaces
Rent Income	\$ _____	(110)	Maintenance/Repair	\$ _____ (215)	\$ _____ (315)	_____ (405)
Percentage Rents	\$ _____	(111)	Wages & Benefits (Caretaking)	\$ _____ (216)	\$ _____ (316)	
Other Industrial/Commercial (specify)			Maintenance Supplies	\$ _____ (217)	\$ _____ (317)	
_____	\$ _____	(112)	Other (Specify)	\$ _____ (218)	\$ _____ (318)	
Storage (specify type/location)	\$ _____	(113)	Total Utilities/Maintenance Recoveries		\$ _____ (319)	
Parking	\$ _____	(114)	Property Taxes	\$ _____ (220)	\$ _____ (320)	
Telecommunications	\$ _____	(115)	Total Expenses	\$ _____ (221)		
Total Recoveries	\$ _____	(116)	Business Taxes	\$ _____ (222)		
(ADD lines 308, 319 & 320)			Net Operating Income	\$ _____ (223)		
Other (specify)			Land Lease (if applicable)	\$ _____ (224)	\$ _____ (324)	
_____	\$ _____	(117)	Leasing Commissions	\$ _____ (225)	\$ _____ (325)	
Total Income	\$ _____	(118)				

(continued on back)

RENTAL INCOME LOSS		CAPITAL EXPENDITURES SUMMARY			NOTE: Please DO NOT report normal Repair and Maintenance expenses in this section
Vacancy	\$ _____ (119)	Type	Incurred	Date (mm/dd/yyyy)	
Bad Debts	\$ _____ (120)	Roof	\$ _____ (501)	_____	
		Windows	\$ _____ (502)	_____	
		Heating (HVAC)	\$ _____ (503)	_____	
		Other (specify)	_____	\$ _____ (504)	
		Total	\$ _____ (505)		

This information is collected under the authority of *The Municipal Assessment Act* - Sections 16(1), 16(2). Failure to comply with this request may result in the imposition of penalties as outlined in Sections 53(3), 54(3.1), 54(3.2), 59(6), 60(2.1) 60(2.2) and 64 of *The Municipal Assessment Act*. Refer to page 2 of "Instructions for Completing Questionnaires" for the relevant sections of *The Municipal Assessment Act* that apply. The Property Assessment Department is prevented from the unauthorized disclosure of this and other information under the provisions of Manitoba's *Freedom of Information and Protection of Privacy Act*.

CERTIFICATION

I hereby certify that all information contained in this statement is true and correct. I understand that the willful making of any false statement of material fact herein will subject me and the property described to the penalties outlined in *The Municipal Assessment Act*.

Name of Contact (please print)

Title

Signature

Business Telephone

E-Mail Address

Date

FOR OFFICE USE ONLY - DATE RECEIVED

Roll Number:	Assessment Region #:	If ALL services are paid for by the Tenant, place an "X" under "Net Lease". Otherwise, indicate (by placing an "X") which services are included in the rent (i.e. paid for by the Landlord).
Property Owner:	Property Use Code:	
	Property Address:	

Unit No.	Floor No.	Tenant Name ("Please list all Premises including Vacant")	Primary Use 1 – Apartment(s) 2 – Hotels/Motels 3 – Manufacturing 4 – Medical/Nursing 5 – Office 6 – Retail 7 – Restaurant 8 – Shopping Cntr 9 – Warehouse 10 – Storage 11 – Other 12 – Vacant	Lease Start (mm/dd/yyyy)	Lease End Date (mm/dd/yyyy)	Leased Area	Monthly Rent 2004	Property Tax Recovery	General/ Admin Recoveries	Utilities/ Maintenance Expense Recoveries	Step Up Lease (Y/N)	Net Lease	Realty Taxes	Insurance	Management	Marketing/Advertising	Hydro	Water/Sewer	Heat/Vent/AC(HVAC)	Waste/Snow Removal	Maintenance/Repair	Cleaning/Caretaking

SPECIAL CONDITIONS

1. IF any land leases exist, please provide the details; _____
2. IF incentives/inducements are given to the tenant, please indicate the value and what the inducement/incentive is. (e.g. Free rent - state if annual, tenant improvement allowance, loan etc.) _____
3. IF tax participation is determined by a base year, please note the base year and base year taxes: _____
4. IF operating costs are determined by a base year, please specify the base year and base operating costs: _____
5. IF percentage rents apply, please specify the amount and breakpoint: _____
 - a) IS the percentage rent over and above the actual rent or is it the only rent? _____
 - b) IF percentage rents apply, please supply the two preceding years? _____

This information is collected under the authority of *The Municipal Assessment Act* - Sections 16(1), 16(2). Failure to comply with this request may result in the imposition of penalties as outlined in Sections 53(3), 54(3.1), 54(3.2), 59(6), 60(2.1) 60(2.2) and 64 of *The Municipal Assessment Act*. Refer to page 2 of "Instructions for Completing Questionnaires" for the relevant sections of *The Municipal Assessment Act* that apply.
 The Property Assessment Department is prevented from the unauthorized disclosure of this and other information under the provisions of Manitoba's *Freedom of Information and Protection of Privacy Act*.

CERTIFICATION
 I hereby certify that all information contained in this statement is true and correct. I understand that the willful making of any false statement of material fact herein will subject me and the property described to the penalties outlined in *The Municipal Assessment Act*.

 Name of Contact (please print) Title Signature Business Telephone E-Mail Address Date

FOR OFFICE USE ONLY – DATE RECEIVED



MULTI-FAMILY QUESTIONNAIRE
FORM:2004-03

CALENDAR YEAR
2004

DUE: October 5, 2005

PROPERTY IDENTIFICATION

Roll Number:

Assessment Region #:

Property Owner:

Property Use Code:

Property Address:

PROPERTY FEATURES/AMENITIES

Please check off the features/amenities that this property has?

Miscellaneous

- Resident Caretaker
- Indoor Pool
- Outdoor Pool
- Sauna
- Fireplace
- Balcony/Sundeck
- Elevator(s) - Count: _____

Heating

- Electric Baseboard
- Electric Forced Air
- Gas Forced Air
- Hot Water
- Steam

Air Conditioning

- Central A/C
- Wall A/C

In-Suite Appliances

- Fridge & Stove
- Dishwasher
- Washer & Dryer

On-Site Laundry

- Washers - Count: _____
- Dryers - Count: _____

Parking

- Indoor - Count: _____
- Outdoor - Count: _____

Other Features/Amenities (specify)

-
-

SERVICES

Please check off the services that are included in the rent?

- Heat
- Hydro
- Water
- Appliances
- Cable/Satellite TV
- Laundry
- Parking
- Security
- Other (specify): _____

If Parking is NOT included in the rent, please indicate the **monthly rent** charged for:

Outdoor Parking Space: \$ _____ Indoor Parking Space: \$ _____

SUITE RENTAL INCOME

Enter the following income information for the full calendar year. If the property was purchased in 2004, attach the income and expense information that was supplied by the vendor.

TYPE OF SUITE	NUMBER OF SUITES	MONTHLY RENT	ANNUAL INCOME
Bachelor			
1 Bedroom			
2 Bedroom			
3 Bedroom			
Other (specify)			
GROSS POTENTIAL SUITE INCOME AT 100% OCCUPANCY			

This information is collected under the authority of *The Municipal Assessment Act* - Sections 16(1), 16(2). Failure to comply with this request may result in the imposition of penalties as outlined in Sections 53(3), 54(3.1), 54(3.2), 59(6), 60(2.1) 60(2.2) and 64 of *The Municipal Assessment Act*. Refer to page 2 of "Instructions for Completing Questionnaires" for the relevant sections of *The Municipal Assessment Act* that apply. The Property Assessment Department is prevented from the unauthorized disclosure of this and other information under the provisions of Manitoba's *Freedom of Information and Protection of Privacy Act*.

CERTIFICATION

I hereby certify that all information contained in this statement is true and correct. I understand that the willful making of any false statement of material fact herein will subject me and the property described to the penalties outlined in *The Municipal Assessment Act*.

Name of Contact (please print) _____ Title _____ Signature _____
 Business Telephone _____ E-Mail Address _____ Date _____

PLEASE COMPLETE THE PROPERTY INCOME AND EXPENSE QUESTIONNAIRE: FORM 2004-01

FOR OFFICE USE ONLY - DATE RECEIVED