

**ASSESSMENT REQUEST FOR INFORMATION – GENERAL COMMERCIAL / INDUSTRIAL**

The *Municipal Government Act* (MGA) authorizes collection of this information under Sec. 295(1) and Sec. 295(4).

This information is due on or before **July 31, 2020**

**\*CONFIDENTIAL\***

**PROPERTY OWNER CONTACT AND CERTIFICATION – ARFI - 1**

<b>Property Address:</b>	<b>Tax Roll Account:</b>
<b>Property Owner Name:</b>	<b>NGHD:</b>

Is the property 100% owner occupied? (i.e. there is no vacant or leased space)       No       Yes

A property is considered to be "owner occupied" if the property owner or the property owner's business or related company physically occupies space or a portion of the property's land and/or building(s). **Note: If the property is 100% owner occupied, fill out this page and the "Owner Occupied" and "Renovations" below.**

**YEARLY EXPENSES – 100% OWNER OCCUPIED**

Utilities		Repairs Regular/Reoccurring	
Property Tax		Repairs Capital Expenditure	
Building Insurance		Condo Fee	

**RENOVATIONS (from last 5 years to current date) - When was the last significant renovation?**

Date: \_\_\_\_\_  
Expenditure: \_\_\_\_\_  
Items Replaced: \_\_\_\_\_

**APPRAISAL**

Was there an appraisal done on the property in the last 3 years?       No       Yes

If Yes, Date of Appraisal: \_\_\_\_\_ Purpose of Appraisal: \_\_\_\_\_ Amount: \_\_\_\_\_

**CERTIFICATION**

**All information provided herein has been examined by me and is true, current, and complete to the best of my knowledge.**

Name: \_\_\_\_\_ Day Time Phone No: \_\_\_\_\_  
Signature: \_\_\_\_\_ Email: \_\_\_\_\_  
Date: \_\_\_\_\_ Fax No: \_\_\_\_\_

## GUIDE TO COMPLETION OF COMMERCIAL TENANT ROLL – ARFI - 2

The following overview of the fields located on the **ARFI-2** form (page 3) is intended to assist you in the completion of the form:

### PLEASE REPORT:

- Any rental information pertaining to Land Leases (provide details on page 4 under “Detailed Commercial Tenant Information”)
- Any vacant rentable area that your building may have, even if only partially occupied (e.g. 500 ft<sup>2</sup> of 600 ft<sup>2</sup> leased, 100 ft<sup>2</sup> is vacant)
- Any area that is occupied by a business that is owned fully or partially by the property owner

### Space Description:

<b>A. Tenant Unit Number</b>	Unit number identifies the suite or unit of the business
<b>B. Tenant Business Name(s)</b>	Business Name that is leasing/occupying the space
<b>C. Occupancy Type</b>	Owner/Tenant/Vacant (O = Owner, T = Tenant, V = Vacant)
<b>D. If Vacant:</b>	Number of consecutive months that the unit has had no tenant occupy the space
<b>E. Space Type</b>	Retail, Office, Warehouse (R = Retail, O = Office, W = Warehouse)
<b>F. Floor Location</b>	Physical location of the tenant’s space within the building (B = Basement, M = Main, MZ = Mezzanine, 2 = Second Floor, etc.)
<b>G. Unit Area</b>	The total unit area including all leased, rented, owner occupied & vacant area

### Lease Term:

<b>H. Start Date</b>	The original date that the tenant started occupying the leased area (mm - yy)
<b>I. Expiry Date</b>	Date that the lease agreement expires (mm - yy)
<b>J. Lease Renewal Date</b>	Date of the last lease renewal (mm - yy). Enter month to month (m-m) if no lease exists.
<b>K. New or Renewal or Step Up (N / R / S)</b>	<b>New</b> is a new lease agreement of a tenant occupying a space that was vacant or occupied by a previous tenant, may include tenant expansion. <b>Renewal</b> is when a lease expires and the existing tenant signs a new lease term. <b>Step-Up</b> is a scheduled change to the rental rate within the term of the existing lease.

### Lease Details:

<b>L. Lease Rent (monthly amount)</b>	This is the rent stated in the lease agreement excluding or including operating or additional costs (\$/month). Do not include GST or tenant inducements here.
<b>M. Step Up/Escalation Rent (\$/month)</b>	An increase in lease rent. Could be a fixed amount, a percentage increase or the actual expense increase each year due to rising costs. Typically seen in long-term contracts.
<b>N. Step Up/Escalation Date</b>	The date that the Step-Up/Escalation takes effect each period. Typically occurs on the same date every year following the signing date of the original lease.
<b>O. Tenant Inducements</b>	This is the amount paid by the property owner, e.g., reduced rental rate, free rent, renovation allowance, etc.

### Expense Information:

<b>P. Building Insurance</b>	This is the building insurance expense for the area that the tenant is leasing – for the fiscal period being reported.
<b>Q. Property Tax</b>	This is the property tax expense for the area that the tenant is leasing – for the fiscal period being reported.
<b>R. Regular Maintenance &amp; Repairs</b>	This is the regular/typical annual maintenance & repairs for the area that the tenant is leasing – for the fiscal period being reported. Do NOT include structural or replacement items here (such as Roof or HVAC replacement).
<b>S. Utilities</b>	These are the utility expenses for the area that the tenant is leasing – for the fiscal period being reported.

**ASSESSMENT REQUEST FOR INFORMATION – GENERAL COMMERCIAL / INDUSTRIAL**

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**COMMERCIAL TENANT ROLL – ARFI - 2**

Please provide the PROPERTY OWNER'S FISCAL PERIOD ENDING between July 1, 2019 and June 30, 2020 (i.e. If the owner's fiscal period is June to May, then the period to report on these forms is June 1, 2019 to May 31, 2020) The information reported below should be taken from your most recent audited financial report. FROM \_\_\_\_\_ 20\_\_\_\_ TO \_\_\_\_\_ 20\_\_\_\_\_

**\*\*ALTERNATIVELY, you may provide your actual Rent Rolls and Annual Income & Expense Statements for the most recent fiscal year. Financials must cover all requested information shown on this form.**

ALL VACANT RENTAL AREA (AREA NOT LEASED) MUST BE INDICATED ON THIS FORM AND INCLUDED IN THE TOTAL UNIT AREA. DO NOT INCLUDE GST.

Please photocopy this page if additional space is required.

Property Address:													Tax Roll Account:				NGHD:					
Space Description							Lease Term				Lease Details				Expense Information Use "O" for owner paid, "T" for Tenant paid, or "?" If amount paid is unknown							
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P		Q		R		S	
Tenant Unit Number	Tenant Business Name(s)	Occupancy Type (O = Owner, T = Tenant, V = Vacant)	If Vacant: How many months has the Unit been vacant?	Space Type (R = Retail, O = Office, W = Warehouse)	Floor Location (B, M, MZ, 2, etc) B = Bsmt / M = Main / MZ = Mezzanine / 2 = 2nd floor	Unit Area (Square Feet)	Start Date (mm-yy) *Original date that the Tenant started occupying this area	Expiry Date Date (mm-yy)	Most Recent Lease Renewal Date (mm-yy)	New, Renewal or Step-Up (N / R / S)	Lease Rent (\$/month) DO NOT INCLUDE GST	Step Up / Escalation Rent (\$ / month)	Step Up / Escalation Date (when Step Up Rent takes/took effect) – (provide details on next page)	Tenant Inducement Paid by Property Owner (provide details on next page)	Building Insurance (\$ / per month)	Who Pays this Expense (O=Owner or T=Tenant)	Property Tax (\$ / month)	Who Pays this Expense (O=Owner or T=Tenant)	Regular Maintenance & Repairs (\$ / month) (provide details on next page)	Who Pays this Expense (O=Owner or T=Tenant)	Utilities (\$ / month)	Who Pays this Expense (O=Owner or T=Tenant)
#101	Tenant A (example)	T	4	R	M	2000	Jan-16	Jan-20	Jan-18	R	\$2,000	\$50	Jan 19	\$10,000	\$100	T	\$100	T	\$200	O	?	T
<b>Total Area of All Units</b> (include all owner occupied, rented and vacant areas)							ft <sup>2</sup>															

**2020 COMMERCIAL TENANT ROLL ARFI - 2**

**DETAILED COMMERCIAL TENANT INFORMATION - ADDITIONAL COMMENTS**

Column #	Details
<i>M (example)</i>	<i>Step Up / Escalation Rent: Rent increase is \$50 per month over and above the rent rate in Column L. (This is the rental increase between July 1, 2019 and June 30, 2020.)</i>
<i>O (example)</i>	<i>Tenant Inducement paid by Owner: Landlord gives tenant 5 months free rent. (Only provide if incentive occurred in the last 5 years.)</i>
<i>R (example)</i>	<i>Annual HVAC Maintenance = \$50/month and Yard Maintenance = \$150/month. (Do not include structural repairs.)</i>

**Comments:**

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**CERTIFICATION**

**All information provided herein has been examined by me and is true, current, and complete to the best of my knowledge.**

Name: \_\_\_\_\_ Day Time Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Please Note:** An assessment for your property will be prepared using any available information should you fail to report the information requested. Thank-you for your co-operation.

This information is being collected under the authority of sections 294, 295 and 328 of the *Municipal Government Act*, RSA 2000, c. M-26 and will be used for assessment and provincial audit purposes. It is protected in accordance with the privacy provisions of the *Municipal Government Act* and the *Freedom of Information and Protection of Privacy Act*, RSA 2000, c. F-25. If you have any questions about the data collected, contact the City Assessor at the City of Medicine Hat at 403-529-8114 or via email at [assessment@medicinehat.ca](mailto:assessment@medicinehat.ca)