



**RE: Request for Property Sale and Income/Expense Information**  
**Roll Number:**  
**Property Address:**  
**Property Group:**

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The City of Winnipeg Assessment and Taxation Department is collecting information for the purpose of preparing the next 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 accurate operating income and expense information for income producing properties.

We are currently collecting information regarding operating statements ending in 2021, or with year-end dates closest to April 1, 2022.

The COVID-19 pandemic and the resulting public health measures may continue to affect real estate markets. If impacted, please ensure these effects show in your entries for rental rates, losses due to vacant space, bad debts or uncollected rents, operating costs, and revenue from government support programs, and complete the supplemental questionnaire pertaining to COVID-19. Accurate financial reporting will assist in our valuations.

We are requesting information relating to the income and expenses for the referenced property. The attached questionnaires are provided for convenience and outline the type of information that is being requested (Forms 529-3, 529-4 and 529-5). Alternately, the submission of financial statements *or* income tax forms (Statement of Real Estate Rentals-T776) and a rent roll outlining tenancy details as of the year end will be accepted. We are also requesting that our COVID 19-Supplemental Questionnaire (Form 529-COVID) be returned for all properties.

Instructions for returning the information – including online submissions - can be found on Form 529-2. We ask that the documents be returned to our office on or before May 5, 2022.

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 Legislative Authority (Form 529-2). **Please note to the extent that it exists or wherever possible, submit separate questionnaires for each roll number.**

We are confident that your cooperation will result in an accurate and fair assessment. If you have any questions, or wish to request the documents in French please call the 311 Customer Contact Centre by phone at 3-1-1 (toll free 1-877-311-4974) or by email at [311@winnipeg.ca](mailto:311@winnipeg.ca)

Yours truly,

Tim Austin  
City Assessor/Director

Enclosed

- Instructions for Completing Questionnaires and Legislative Authority: Form 529-2
- Property Income and Expense Questionnaire; Form: 529-3
- Tenant Verification Form; Form: 529-4
- Multi-Family Questionnaire: Form 529-5
- COVID-19 Supplemental Questionnaire; Form 529-COVID

Le 14 avril 2022

**Objet : Demande de renseignements sur les ventes ainsi que sur les revenus et les dépenses d'exploitation de biens fonciers**

**Numéro de rôle :**

**Adresse du bien :**

**Groupe de biens :**

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Le Service de l'évaluation et des taxes de la Ville de Winnipeg collecte des renseignements en vue de la préparation de la prochaine évaluation générale 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 revenus et les dépenses d'exploitation des biens productifs.

Nous recueillons présentement des renseignements sur les relevés de compte d'exploitation se finissant en 2021 ou dont la date de fin d'exercice est plus proche du 1er avril 2022.

La pandémie de COVID-19 et les mesures de santé publique qu'elle engendre pourraient continuer d'avoir un impact sur le marché immobilier. Si ces effets vous touchent, veuillez vous assurer que cela paraît dans les données que vous enregistrez relativement aux taux de location, à la perte de revenus causée par les espaces inoccupés, aux créances douteuses ou loyers impayés, aux coûts d'exploitation et aux revenus provenant des programmes de soutien du gouvernement, et remplir le questionnaire additionnel sur la COVID-19. La justesse de vos rapports financiers nous aidera à faire les évaluations.

Nous demandons des renseignements sur les revenus et les dépenses associés au bien mentionné. Dans les questionnaires ci-joints, qui sont fournis à toutes fins utiles, on trouve le type de renseignements qui sont demandés (formulaires 529-3, 529-4 et 529-5). Autrement, nous acceptons les états financiers ou les formulaires d'impôt sur le revenu (T776 – État des loyers de biens immeubles) et un rôle des loyers donnant le détail de la location jusqu'à la fin de l'exercice. Nous demandons également à ce que le questionnaire additionnel sur la COVID-19 (formulaire 529-COVID) nous soit retourné pour tous les biens.

Vous trouverez à la formule no 529-2 des directives sur la façon de renvoyer les renseignements, y compris en ligne. Veuillez nous retourner les documents au plus tard le 5 mai 2022.

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 expliqué en détail à la formule no 529-2 ci-jointe sur l'autorité législative. À noter : Veuillez soumettre un questionnaire pour chaque numéro de rôle, dans la mesure du possible.

Votre collaboration permettra d'assurer l'exactitude et la justesse des évaluations. Pour toute question, ou pour demander des documents en français, veuillez communiquer avec le 311 par téléphone au 311 (sans frais au 1-877-311-4974) ou par courriel à [311@winnipeg.ca](mailto:311@winnipeg.ca).

Veuillez agréer l'expression de mes sentiments les meilleurs.

L'évaluateur de la Ville et directeur

Tim Austin

Pièces jointes :

- Directives sur la manière de remplir les questionnaires et dispositions législatives habilitantes-Formulaire n° 529-2
- Questionnaire sur les revenus et les dépenses d'exploitation de biens fonciers – Formulaire n° 529-3
- Formulaire de vérification des locataires n° 529-4
- Questionnaire multifamilial : Formulaire n° 529-5
- Questionnaire additionnel sur la COVID-19 : formulaire 529-COVID

510 Main Street, Winnipeg, Manitoba R3B 3M2

510, rue Main, Winnipeg (Manitoba) R3B 3M2

**T. | Tél. : 311**  
**Toll-free | Sans frais : 1-877-311-4974**  
**F. | Fax : 204-986-6105**  
**winnipeg.ca**



## INSTRUCTIONS FOR COMPLETING QUESTIONNAIRES

### GENERAL INSTRUCTIONS

The forms contained in this package indicate a "DUE DATE" of **May 5, 2022**.

The intent is to collect information regarding operating statements for 2021, or with year-end dates closest to April 1, 2022.

Please complete the "certification" section on all applicable forms. If submitting your own forms please complete and return application "certification". **If we require clarification or additional information, it is important for us to have a contact person identified.**

### PROPERTY INCOME AND EXPENSE QUESTIONNAIRE (FORM: 529-3)

If the property is 100% owner occupied, then complete the "Annual Expenses (Property)" and "Capital Cost Summary" only.

#### "Property Information"

Line 302 – *Average % of Space Vacant* – This should reflect the average percentage of area that was vacant through the period. This is calculated using the area vacant and the duration of vacancy in your calculation. For example - In a 10 unit strip mall (all units equal in size), if one unit is vacant for 6 months, this would amount to a 5% vacancy (10% for half a year).

Lines 304-311 – *Parking Information* – These fields are required (and the form is to be returned) for any property that has parking revenues – even if submitting financial statements.

#### "Rental Income Loss"

Line 123 – *Vacancy* – This is the loss in revenue due to actual vacancy, calculated based on the anticipated rental income.

Line 124 – *Bad Debt* – This is the loss in revenue resulting from unpaid or uncollected rent.

#### "Certification"

If submitting your own forms please complete and return applicable "certification". .

### TENANT VERIFICATION FORM (FORM: 529-4)

This form must be completed for ALL non-residential space, if a separate rent roll is not provided. Enter the tenant information as of the recorded year-end. Please indicate all occupied space – including Owner Occupied units.

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 "Vacant - 11", while the Clothing Store (or unit) would be listed as "Retail - 6".

Explanatory notes on lease terms or conditions for individual tenants can be provided in the "Premise Comments" area.

### MULTI-FAMILY QUESTIONNAIRE (FORM: 529-5)

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: 529-4. The Tenant Verification Form should list all of the commercial tenants only.**

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.

### How to Submit Your Completed Questionnaires and /or Documentation

**By Mail to:** Assessment and Taxation Department, 510 Main Street, Winnipeg, MB R3B 3M2

**By Fax to :** 204-986-6105

**By Email to :** ATD-IncomeAndExpense@winnipeg.ca (To be properly recorded as received, submit a separate PDF document for each Roll Number).

**Online:** www.winnipegassessment.com - Under "Self Service" click on "My Properties", then click on "Secure Login" and follow the instructions for Creating an Account.

**(Please note, the COVID-19 Supplemental Questionnaire (Form 529-COVID) can only be returned via mail, fax or e-mail).**

## LEGISLATIVE AUTHORITY

Each form contains references to the following sections of *The Municipal Assessment Act*:  
This version is current as of January 17, 2022.

### **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 and shall provide, in the form of a signed statement, a declaration 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 application, 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 that was substantially at variance with information that he or she presented at a 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 to which the application relates.

### **Burden of proof for non-cooperation**

**59(6)** Where a property owner 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 an 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 to which the application relates.

### **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. for each day that the person continues to refuse or fail to supply the information or documentation.



PUC:

Property Address:

Roll No.:

**PROPERTY INCOME AND EXPENSE QUESTIONNAIRE**  
FORM 529-3

**12 MONTHS ENDING**  
**(mm/dd/yyyy)**

**DUE DATE: May 5, 2022**

See Attached Financial Statements or Income Tax Forms furnished in response to this request. (Signed Certification on next page required)

| ANNUAL INCOME RECEIVED   |  | ANNUAL EXPENSES (PROPERTY)   |  | PROPERTY INFORMATION  |  |
|--|--|--|--|---|--|
| <b>Owner/Occupier</b> <input type="checkbox"/> Fully (101) <input type="checkbox"/> Partially (102)<br>NOTE: IF the property is 100% Owner Occupied, then complete the information required for "Annual Expenses (Property)" and "Capital Cost Summary" only<br><b>Income Type</b> <input type="checkbox"/> Gross (103) <input type="checkbox"/> Net (104) |  | <b>General/Administration</b><br>Insurance \$ _____ (201)<br>Property Management & Administration \$ _____ (202)<br>Professional Fees \$ _____ (203)<br>Office Supplies \$ _____ (204)<br>Marketing/Advertising (Space for Rent) \$ _____ (205)  |  | <b>PROPERTY INFORMATION</b><br><br><b>Property Group</b><br><br><b>Property Owner(s)</b><br><br><b>Total Leasable Area</b> _____ (301)                                |  |
| <b>Residential/Apt. Suites</b> \$ _____ (105)<br>Laundry (Multi-Res.) \$ _____ (106)<br>Other Residential (specify) _____ \$ _____ (107)   |  | <b>Utilities/Maintenance</b><br>Hydro \$ _____ (206)<br>Water/Sewer \$ _____ (207)<br>Heat/Vent/AC \$ _____ (208)<br>Cable/Satellite TV \$ _____ (209)<br>Waste/Snow Removal \$ _____ (210)<br>Security (Monitoring) \$ _____ (211)<br>Maintenance/Repair \$ _____ (212)<br>Wages & Benefits (Caretaker) \$ _____ (213)<br>Maintenance/Supplies \$ _____ (214)<br>Other (specify) _____ \$ _____ (215) |  | <b>Average Annual % of Space Vacant</b> _____ (302)<br><br><b>Number of Tenants (Non-Residential)</b> _____ (303)<br>(Please complete Tenant Verification Form 529-4) |  |
| <b>Non-Residential/Office/Retail/Industrial</b><br>Rent Income \$ _____ (108)<br>Percentage Rents \$ _____ (109)<br>Other Non-Residential (specify) _____ \$ _____ (110)   |  | <b>Property Taxes</b> \$ _____ (216)<br><br><b>Total Expenses</b> \$ _____ (217)<br>(Add Lines 201 to 216)   |  | <b>Indoor Parking</b><br>Number of Stalls _____ (304)<br>Hourly Rate \$ _____ (305)<br>Daily Rate \$ _____ (306)<br>Monthly Rate \$ _____ (307)                       |  |
| <b>Other Income</b><br>Storage (specify location) \$ _____ (111)<br>_____ \$ _____ (112)<br>Parking \$ _____ (113)<br>Antenna(s)/Cellular Tower(s) \$ _____ (114)<br>Billboard(s) \$ _____ (115)<br>Other (specify) _____ \$ _____ (116)<br>_____ \$ _____ (117)<br>_____ \$ _____ (118)   |  | <b>Net Operating Income</b> \$ _____ (218)<br>(Line 122 minus Line 217)  |  | <b>Outdoor Parking</b><br>Number of Stalls _____ (308)<br>Hourly Rate \$ _____ (309)<br>Daily Rate \$ _____ (310)<br>Monthly Rate \$ _____ (311)                      |  |
| General Administrative Recoveries \$ _____ (119)<br>Utilities/Maintenance Recoveries \$ _____ (120)<br>Property Tax Recoveries \$ _____ (121)  |  | Business Taxes \$ _____ (219)<br>Land Lease (if applicable) \$ _____ (220)<br>Leasing Commissions \$ _____ (221)   |  |   |  |
| <b>Total Income</b> \$ _____ (122)   |  |  |  |   |  |

| RENTAL INCOME LOSS |                | CAPITAL COST SUMMARY |                 |                          | NOTE:<br>Please DO NOT report normal Repair and Maintenance expenses in this section |
|--------------------|----------------|----------------------|-----------------|--------------------------|--|
| Vacancy            | \$ _____ (123) | <b>Type</b>          | <b>Incurred</b> | <b>Date (mm/dd/yyyy)</b> |  |
| Bad Debts          | \$ _____ (124) | Roof                 | \$ _____ (222)  | _____                    |  |
|                    |                | Windows              | \$ _____ (223)  | _____                    |  |
|                    |                | Heat/Vent/AC         | \$ _____ (224)  | _____                    |  |
|                    |                | Other (specify)      | _____           | _____                    |  |
|                    |                |                      | \$ _____ (225)  | _____                    |  |
|                    |                | <b>Total</b>         | \$ _____ (226)  | _____                    |  |

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 Assessment and Taxation 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 or the documents indicated as attached are 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



**Premise Comments:**

**SPECIAL CONDITIONS** (424)

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 percentage Rent Roll: \_\_\_\_\_

**Comments:**

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\_\_\_\_\_  
Name of Contact (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Date





**MULTI-FAMILY QUESTIONNAIRE**  
FORM: 529-5

**12 MONTHS ENDING**  
**(mm/dd/yyyy)** \_\_\_\_\_

**DUE DATE: May 5, 2022**

**PROPERTY IDENTIFICATION**

|                        |                           |
|------------------------|---------------------------|
| <b>Roll Number:</b>    | <b>Property Group:</b>    |
| <b>Property Owner:</b> | <b>Property Use Code:</b> |
|                        | <b>Property Address:</b>  |

**PROPERTY FEATURES/AMENITIES**

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

|   |  |   |   |   |
|---|--|---|---|---|
| <b>Miscellaneous</b>                                | <b>Heating</b>                               | <b>Air Conditioning</b>                 | <b>On-Site Laundry</b>                          | <b>Other Features/Amenities (specify)</b> |
| <input type="checkbox"/> Resident Caretaker         | <input type="checkbox"/> Electric Baseboard  | <input type="checkbox"/> Central A/C    | <input type="checkbox"/> Washers - Count: _____ | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Indoor Pool                | <input type="checkbox"/> Electric Forced Air | <input type="checkbox"/> Wall A/C       | <input type="checkbox"/> Dryers - Count: _____  | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Outdoor Pool               | <input type="checkbox"/> Gas Forced Air      |   |   |   |
| <input type="checkbox"/> Sauna                      | <input type="checkbox"/> Hot Water           | <b>In-Suite Appliances</b>              | <b>Parking</b>                                  |   |
| <input type="checkbox"/> Fireplace                  | <input type="checkbox"/> Steam               | <input type="checkbox"/> Fridge & Stove | <input type="checkbox"/> Indoor - Count: _____  |   |
| <input type="checkbox"/> Balcony/Sundeck            |  | <input type="checkbox"/> Dishwasher     | <input type="checkbox"/> Outdoor - Count: _____ |   |
| <input type="checkbox"/> Elevator(s) - Count: _____ |  | <input type="checkbox"/> Washer & Dryer |   |   |

**SERVICES**

Please verify and/or check off the services that are included in the rent?

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Heat             | <input type="checkbox"/> Appliances         | <input type="checkbox"/> Parking                |
| <input type="checkbox"/> Hydro            | <input type="checkbox"/> Cable/Satellite TV | <input type="checkbox"/> Security               |
| <input checked="" type="checkbox"/> Water | <input type="checkbox"/> Laundry            | <input type="checkbox"/> Other (specify): _____ |

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

Outdoor Parking Stalls: \$ \_\_\_\_\_ Indoor Parking Stalls: \$ \_\_\_\_\_

**SUITE RENTAL INCOME**

Enter the following income information for the full year. If the property was purchased in 2018 or 2019, 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)                                       |                  |              |               |
| <b>GROSS POTENTIAL SUITE INCOME AT 100% OCCUPANCY</b> |                  |              |               |

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**CERTIFICATION**

I hereby certify that all information contained in this statement or the documents indicated as attached are 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*.

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



## COVID-19 SUPPLEMENTAL QUESTIONNAIRE

| PUC:  | Property Address: | Roll No |
|---|-------------------|---------|
| 1. Please indicate the extent to which COVID 19 pandemic and related public health measures have impacted the operation of this property.<br><input type="checkbox"/> Has Not Impacted <input type="checkbox"/> Minor Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Significant Impact |                   |         |
| 2. Were tenants at this location closed temporarily due to public health measures? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |         |
| 3. Have any of the existing tenants closed permanently as a direct result of COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If "Yes", please list the tenant and their closing date:   |                   |         |
| 4. In 2021 has the property experienced an increase in <u>operating expenses</u> in response to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If "Yes", briefly describe the expenses incurred and the approximate amounts:   |                   |         |
| Were the increased expenses successfully passed on to the tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", approximately what percentage of the expenses were recovered? _____  |                   |         |
| 5. Did the property incur non-recoverable capital expenses related to health and safety precautions taken in response to COVID 19? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If "Yes", briefly describe the expenses incurred and the approximate amounts:                                  |                   |         |
| 6. Have existing tenants requested rent deferral or rent abatements resulting from COVID-19?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If "Yes", briefly describe the number of tenants, the length of the deferral period and/or abatement terms:                                       |                   |         |



## COVID-19 SUPPLEMENTAL QUESTIONNAIRE

| PUC:   | Property Address | Roll No.: |
|--|------------------|-----------|
| <p>7. Between January 01, 2021 and April 01, 2022 were new leases negotiated, after the effects of COVID-19 became apparent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", briefly describe the abatements or inducements offered in finalizing the lease terms:</p>                 |                  |           |
| <p>8. Have any of the existing leases been amended as a result of COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", briefly describe the nature of the changes:</p>  |                  |           |
| <p>9. Have any tenants abandoned or breached the terms of their leases as a direct result of COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", briefly describe the number of tenants and the impact:</p>  |                  |           |
| <p>10. Has the property received any government funded assistance, grants, or financial support associated with COVID 19? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", briefly describe:</p>  |                  |           |
| <p><b>CERTIFICATION</b><br/>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.</p> |                  |           |
| Name:  | Title:           | Phone:    |
| Signature:   | Date:            | E-mail:   |