**Service de l'évaluation foncière**
Division Commerciale
255, boulevard Crémazie Est, bureau 600
Montréal (Québec) H2M 1L5
514 280-8964
montreal.ca/evaluation-fonciere

Montréal

LD2D

# STATEMENT OF INCOME AND EXPENSES OF THE IMMOVABLE
## as of July 1st, 2021
## RESIDENTIAL UNITS OF 6 TO 11 DWELLINGS

**PROPERTY** Account number : Matricule :
Address : Municipality:

**INCOME**

| Check if janitor apartment, owner occupant apt. or preferential rent / ADDRESS OR SUITE NO. | FLOOR | VACANT | NO. OF ROOMS | LEASE: Tenant since (check) - 1 year | 1 to 5 years | + 5 years | Lease end: Month | Year | MONTHLY RENT | SERVICES **INCLUDED** IN RENT (check): Heating | Hot water | Electricity | Air conditioning | Electrical appliances | Furniture | Water, services taxes | Parking: Exterior | Interior | Janitor | Other |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 / 12 | 13 | 14 | 19 | 35 | 36 | 37 | 33 | | 30 | 04 | 88 | 03 | 05 | 61 | 01 | 66 | 07 | 06 | 98 | 70 |
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Total of monthly rents (sum of column 30) $

| | | |
|---|---|---|
| X 12 = Total annual | 101 | $ |
| Total annual commercial rents | 105 | $ |
| Parking: | 111 | $ |
| Other annual income, specify : | 119 | $ |
| **TOTAL ANNUAL** income | 100 | $ |

| PARKING | NUMBER OF SPACES | MONTHLY RENT PER SPACE |
|---|---|---|
| INTERIOR | | |
| EXTERIOR | | |

**OPERATING EXPENSES Period (last year completed):** 20___

| | | Amount |
|---|---|---|
| 254 | Insurance (Fire and liability) | |
| 220 | Heating | |
| 224 | Electricity | |
| 232 | Snow removal/lawn care | |
| 238 | Normal general maintenance | |
| 245 | Major repairs (Capital expenditures) ex.: roof, plumbing, etc. (specify) | |

| | | Amount |
|---|---|---|
| 261 | Municipal and school taxes | |
| 276 | Other expenses (specify) | |
| 276 | Janitor | |
| 276 | | |

| | | |
|---|---|---|
| 201 | **TOTAL** operating expenses **(INCLUDING G.S.T. AND Q.S.T.)** | |

**BUILDING CONDITION** (check to the best of your knowledge)

| | | Poor | Good | Excellent | % Renovated | Year | Cost ($) |
|---|---|---|---|---|---|---|---|
| EXTERIOR | Doors | | | | | | |
| | Windows | | | | | | |
| | Balconies | | | | | | |
| | Roof | | | | | | |
| | Brick joints | | | | | | |
| | Siding | | | | | | |
| | Remark : | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| INTERIOR | Kitchens | | | | | | |
| | Bathrooms | | | | | | |
| | Plumbing | | | | | | |
| | Electricity | | | | | | |
| | Common areas | | | | | | |
| | Garages | | | | | | |
| | Remark : | | | | | | |

**I HEREBY DECLARE THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE**

| | | |
|---|---|---|
| Representative's name : (in block letters) | Signature : | Date : |
| Title : | Company : | |
| email address : | Telephone : | |