

**LIST OF RENTS AND TENANTS OR OCCUPANTS
 as of July 1st, 2021
 RESIDENCE FOR ELDERLY PEOPLE**

PROPERTY	Account number :	Matricule :	
	Address :	Municipality:	

INFORMATION RELATING TO THE IMMOVABLE

BUILDING CONDITION (check to the best of your knowledge)

E X T E R I O R		Poor	Good	Excellent	% Renovated	Year	Costs (\$)
	Doors						
	Windows						
	Balconies						
	Roof						
	Brick joints						
	Siding						
	Remark:						

I N T E R I O R	Kitchens						
	Bathrooms						
	Plumbing						
	Electricity						
	Common areas						
	Garages						
Remarks:							

Indicate apartment number of units in very poor condition (uninhabitable) :

PARKING	NUMBER OF SPACES	MONTHLY RENT PER SPACE
Interior		
Exterior		

NUMBER OF DWELLING UNITS			
	Occupied	Vacant	Total no. of units
Dwellings			
Single rooms			
Double rooms			
Intermediate resource			
Interior parking			
Exterior parking			

Number of beds (as of CHSLD permit)

Average residents age

SERVICES INCLUDED IN BUILDING (PLEASE CHECK)	
24 hours security <input type="checkbox"/>	Nurse <input type="checkbox"/>
Janitor <input type="checkbox"/>	Shuttle service <input type="checkbox"/>
Indoor pool <input type="checkbox"/>	Activity(ies) <input type="checkbox"/>
Outdoor pool <input type="checkbox"/>	Sauna <input type="checkbox"/>
Cafeteria <input type="checkbox"/>	
Chapel <input type="checkbox"/>	
Other (specify) :	

MAJOR COMPETITOR
1 - _____
2 - _____
3 - _____

I HEREBY DECLARE THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE		
Representative's name : (in block letters)	Signature :	Date :
Title :	Company :	
email address :		Telephone :

