Request for Information (RFI)
Multi-Residential Valuation Groups

Please complete the following:

A. **RFI-1 (Owner Contact and Certification)**

B. **RFI-MP (Parking Details)**

C. **Multi-Residential Tenant Roll (RFI-M)** as of July, 2020. Also please identify any rental subsidies per unit, caretaker unit and all vacant units.

- You may provide this information:
  - By logging into the secure website: https://assessmentrfi.edmonton.ca
  - Using the Excel template located on our website www.edmonton.ca/assessment
  - In your own format which includes the following information: Unit/Building address, Property Address, Occupancy Type, Suite Type, Floor, Unit Size, Actual Rent, Market Rent, Furnished (Y/N), Government Subsidized Rent (Y/N), Deck/Balcony (YN), Tenant Inducement Type, Tenant Inducement Amount, In-Suite Laundry
  - By completing the RFI-M form provided. Please photocopy as necessary.

D. **Multi-Residential Annual Financial Statement (RFI-MF)** relating to the entire operations of the real property for your fiscal year ending 2019.

- You may provide this information:
  - By logging into the secure website: https://assessmentrfi.edmonton.ca
  - Using your own format
  - By completing the RFI-MF form provided.

The following statement applies to bullet C:
Pursuant to section 295 of the Municipal Government Act, R.S.A. 2000, c. M-26 the Assessment and Taxation Branch requires the above information in that it is necessary in preparing the assessment.

Please note that under section 295(4) of the Municipal Government Act, failure to provide this requested information may result in the loss of the right to make a complaint about your assessment.

> *s. 295(4) No person may make a complaint in the year following the assessment year under section 460 or, in thecase of designated industrial property, under section 492(1) about an assessment if the person has failed to provideany information requested under subsection (1) within 60 days from the date of the request.*

This information is due on or before **September 4, 2020**.

Cate Watt, AMAA
Branch Manager and City Assessor
Assessment and Taxation Branch

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Owner Contact and Certification RFI-1

Account #: _____ Building Address: _____

Operating Business Name: _____ Legal Entity: _____

Was there an appraisal done on the property in the last 12 months ? ☐ Yes ☐ No if yes, complete the following:

Date of Appraisal: _____ Purpose of Appraisal: _____ Amount _____

Section A: Company Representative

Name: _____ Position: _____

Company Name: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Section B: Alternate Contact Person (if different from above)

Name: _____ Position: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Section C: Certification

I hereby certify that the attached information is true and correct.

Signature _____ Date: _____

Parking Details RFI-MP

Parking Details	Number of Residential/ Tenant Stalls	Monthly $ Per stall	Number of Commercial Tenant Stalls	Monthly $ Per stall	Number of Public Stalls	Monthly $ Per stall	Number of Tandem Stalls *	Monthly $ Per stall	Included in Rent (Y/N)
Surface									
Covered									
Parkade - Not **Heated**									
Parkade - **Heated**									

* Tandem stall refers to parking that can be occupied by two vehicles at the same time.

Print Form

You can submit documents via mail to P.O. Box 1935, Station Main, Edmonton, AB T5J 2P3, fax to (780) 496-1986, or e-mail (.pdf, .xls) to assessment@edmonton.ca

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Multi-Residential Tenant Roll
for the Month of **July, 2020**

Whenever possible, please provide the rent roll in Excel format (.xls) by email to assessment@edmonton.ca and include all relevant information. You may also provide information in your own format.

RFI-M

Page _____ of _____

Building Name: _____ Building Address: _____ Account #: _____ Building _____ of _____

Total Number of Units _____

ALL UNITS INCLUDING VACANT SPACE MUST BE LISTED ON THIS FORM AND INCLUDE POTENTIAL MONTHLY RENT

A	B	C	D	E	F	G		H				I		J	
Unit Number	**Property Address**	**Occupancy Type** (Owner, Tenant, Vacant, Caretaker)	**Suite Type** (Bach, 1 Bdrm, 1Bd+Den, etc)	**Floor** (Bsmt, Main, 2nd, etc)	**Unit Size** (Sq ft)	**Rent** ($/Month before Inducements)		**Check Box if applicable for each unit**				**Tenant Inducement**		**Assistance Provided as a Result of Covid**	
						Actual	Market	Furnished	Low Income Affordable Housing	Deck /Balcony	In-Suite Laundry	Type (Free Rent, Free Cable, etc)	Amount ($/Month)	Type (i.e., Rent Reduction, Rent Deferral, Government Funds/Grants, etc.)	Amount ($/Month)
101	EXAMPLE: 12345 Anywhere Street	Tenant	Bach	Main	740	800	750					Free Cable	40		

Initial _____ Date: _____

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Multi-Residential Annual Financial Statement

RFI-MF

12 Month Fiscal Period Ending _____

Account #: _____ Building Address: _____

Do the units include the following? Air Conditioning ☐ Yes ☐ No In Suite Laundry ☐ Yes ☐ No

Dishwasher ☐ Yes ☐ No

Potential Gross Income

Potential Gross Rent 100% Occupancy (Unfurnished) _____

Potential Gross Rent 100% Occupancy (Furnished) _____

Office Rental _____

Commercial Rental _____

Commercial Recoveries _____

Miscellaneous Income

Parking Revenue _____

Laundry Rental _____

Other _____

Specify Other Rent _____

Total Income _____

Vacancy and Collection Loss

Apartment Vacancy in Dollars _____

# of units vacant in reporting period _____

Apartment Collection Loss _____

Apartment Incentives _____

Attach additional documents if necessary

Commercial Vacancy in Dollars _____

Commercial Collection Loss _____

Commercial Incentives _____

Operating Expenses Fixed

Property Taxes _____

Insurance _____

Business License _____

Other _____

Specify Other _____

Operating Expenses Variable

Management

Professional Fees _____

Administrative _____

Telephone / Pager / Internet _____

Caretaker

Salary _____

Rental Discount _____

Utilities

Water & Sewer _____ Incl. in Rent? ☐ Yes ☐ No

Waste Removal _____

Power _____ Incl. in Rent? ☐ Yes ☐ No

Gas _____ Incl. in Rent? ☐ Yes ☐ No

Cable _____

Supplies

Caretaker or Janitorial _____

Office _____

Repair & Maintenance

*__Do Not__ include Capital Expenditures

Repairs of Structure - Interior _____

Repairs of Structure - Exterior _____

Elevator _____

Other _____

Specify Other _____

Replacements

*__Do Not__ include Capital Expenditures

Appliances _____

Laundry Equip. _____

Flooring _____

Interior Painting _____

Other _____

Specify Other _____

Ground & Parking Area Maintenance

Lawn Maintenance & Snow Removal _____

Other _____

Specify Other _____

Advertising _____

Miscellaneous

Other _____

Specify Other _____

Capital Expenditures / Major Maintenance / Repair * _____

Description _____

* Capital Expenditures are those expenses that do not occur annually, involving replacement of worn out or obsolete components where replacement is of significant duration and cost, i.e. Boilers, Windows and Doors, Roof, etc.

Initial: _____ Date: _____

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Guide To Completion Of Multi-Residential Tenant Roll

The following overview of the fields located on the "Multi-Residential Tenant Roll" RFI-M form is intended to assist you in the completion of the form:

PLEASE REPORT:
- ANY RENTAL INFORMATION PERTAINING TO LAND LEASES.
- ANY VACANT RENTABLE AREA THAT YOUR BUILDING MAY HAVE EVEN IF ONLY PARTIALLY OCCUPIED (E.G. 500 SQFT OF 600 SQFT LEASED, 100 SQFT IS VACANT)

A	Unit Number	Unit number identifies the suite or unit of the business or living unit.
B	Property Address	The address where this space is located.
C	Occupancy Type	Owner, Tenant, Vacant
D	Suite Type	Type of suite being occupied (e.g. bachelor, 1bedroom, 1bedroom + den, 2bedroom, 2bedroom + den, 3bedroom, 4bedroom, Penthouse)
E	Floor	Physical location of the tenant's space within the building (B = Basement, M = Main, MZ = Mezzanine, 2 = 2nd Floor, etc.)
F	Unit Size	The total area leased to the tenant.
G	Rent	**Actual Rent** is rent that is stated in the lease agreement. **Market Rent** is the opinion of rent that could be achieved at current market rates.
H	Check Box If Applicable For Each Unit	Check box if applicable for each unit that is furnished, or has Government subsidized rent, or has In-Suite Laundry or if it has a deck or a balcony.
I	Tenant Inducement	Description of what the tenant inducement is (i.e. free rent, cash payment, etc.) and the total dollar amount of any inducements paid to the tenant for this space.
J	Assistance Provided as a Result of Covid	Type (i.e., Rent Reduction, Rent Deferral, Government Funds/Grants, etc.) and Amount ($ per month)

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