

# Request for Information (RFI) 2024 Multi-Residential Valuation Groups Deadline Aug 9, 2024

The Regional Municipality of Wood Buffalo Assessment Services department is committed to collecting and maintaining accurate and up-to-date property information. Accurate property data provides a solid foundation in developing fair and equitable property assessment values.

We collect property information in number of ways, including:

- Property site visits
- Industry sources (market sales, land titles, developers, builders, appraisers)
- New construction plans
- Requests for Information to property owners (either through mailing or doorstep interaction)

### Please submit the RFI form one of three ways:

- complete the attached document and drop off, mail, fax or email back to the address below
- contact assessment.taxation@rmwb.ca to request an online questionnaire be emailed to you
- go to rmwb.ca/assessments and complete the Request for Information online form

Please refer to the below instructions on how to complete following:

- **SECTION 1** Owner/Representative Contact and Certification
- **SECTION 2** Parking Details
- **SECTION 3** Multi-Residential Rent Roll
  - Please provide the requested details of the July 1<sup>st</sup> or most current rent roll. Also, please identify any rental subsidies per unit, caretaker unit and all vacant units.
- **SECTION 4** Multi-Residential Annual Financial Statement
  - Please provide an Annual Financial Statement relating to the entire operations of the real property for your fiscal year ending 2023. A blank statement is provided.

Thank-you in advance for your assistance to keep our property information accurate and up to date.

Please note that under section 295(4) of the Municipal Government Act (MGA), 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 the case of designated industrial property, under section 492(1) about an assessment if the person has failed to provide any information requested under subsection (1) within 60 days from the date of the request.

#### Please return completed documents to:

The Regional Municipality of Wood Buffalo, Assessment Office, 3<sup>rd</sup> Floor Jubilee Centre, 9909 Franklin Avenue, Fort McMurray, AB T9H 2K4. Email: assessment.taxation@rmwb.ca

Fax: (780)743-7050

## **SECTION 1 - Owner Contact and Certification**

Account # :	Civic Address:							
Owner Name :	Day time Phone # :	-						
Email Address :		_						
Mailing Address :		_						
Company Representative :	Day time Phone # :	_						
Email Address :		_						
Was an appraisal done on the property	in the last 12 months? Yes $\Box$ No $\Box$ If yes, please attach a copy.							
Certification: All the attached information is true and accurate to the best of my knowledge.								
Signature:	Date:							

# **Section 2 - Parking Details**

Parking Details	No. of Residential/ Tenant Stalls	Monthly amount Per Stall	No. of Commercial Tenant Stalls	Monthly amount Per Stall	No. of Public Stalls	Monthly amount Per Stall	No. of Tandem Stalls*	Monthly amount Per Stall	Included in Rent (Y/N)
Surface									
Covered									
Parkade – <b>Not Heated</b>									
Parkade - <b>Heated</b>									

<sup>\*</sup> Tandem stall refers to parking that can be occupied by two vehicles at the same time.

Section	3 – Multi Res Tenant Roll	f	or the mon	th of					Page _		_ of	
Building Name:			Building Address:							Accoun	Building of	
ALL UNI	TS INCLUDING VACANT SPACES MU	ST BE LISTED O	N THIS FOR	M AND I	NCLUDE PO	TENTIAL M	ONHTLY R	ENT.				Total Number of Units
Unit No.	Property Address	Occupancy Type (Owner, Tenant, Vacant)	Suite Type (Bach., 1 Bdm. etc.)	Den (Y/N)	Floor (Bsmt., Main, 2 <sup>nd</sup> etc.)	Unit Size (Sq. Ft.)	Rent (Monthly Rate)		Check box if applicable for each unit			
							Actual	Market	Furnished	Subsidized Rent	Deck/Balcony	Comments
If possible	e, please provide the rent roll in Exc	el format (.xls)	by email to	assessm	ent.taxatio	n@rmwb.c	a and inclu	de all releva	nt informa	ation.		,
					Initial:						Date:	

## Section 4 - Multi-Residential Annual Financial Statement

12 N	Nonth Fiscal Period	Ending:					
Account No.:	Buildi	ng Address:					
Do the units include the following?	Air Conditioning Dishwasher	□Yes □Yes	□No □No	In-Suite Laundry	□Yes □	□No	
POTENTIAL GROSS INCOME							
Potential Gross Rent			<b>UTILITIES</b> Water & Sewer		Incl. in Rent	? □Yes	□No
100% Occupancy (Unfurnished)			Waste Removal				
Potential Gross Rent			Power		Incl. in Rent	? □Yes	$\square$ No
100% Occupancy (Furnished) Office Rental			Cable Gas		Incl. in Rent	? □Yes	□No
Commercial Rental							
Commercial Recoveries							
			SUPPLIES				
MISCELLANEOUS INCOME			Caretaker or Janitorial				
Parking Revenue			Office				
Laundry Revenue Number of Washers			COVIID				
			COVID				
Number of Dryers Other			REPAIRS AND MAINTE	NANCE			
Specify Other Rent:			(*Do not include Capite				
			Repairs of Structure (In				
	-		Repairs of Structure (Ex				
TOTAL INCOME			•	•			
	<u></u>		Elevator				
VACANCY AND COLLECTION LOSS			Other				
Apartment Vacancy in Dollars			Specify Other:				
No. of units vacant in reporting period	od						
Apartment Collection Loss			REPLACEMENTS				
Apartment Incentives			<b>Do not</b> include Capital	Expenditure			
Commercial Vacancy in Dollars			Appliances				
Commercial Collection Loss Commercial Incentives	-		Laundry Equipment Flooring				
Commercial incentives			Interior Painting				
OPERATING EXPENSES - FIXED			Other				
Property Taxes	·		Specify Other:				
Insurance							
Business License			GROUND & PARKING A	AREA MAINTENANCE			
Other		<u>_</u>	Lawn Maintenance & S	inow Removal			
Specify Other:			Other				
			Specify Other:				
OPERATING EXPENSES - VARIABLE							
Management			ADVERTISING				
Professional Fees Administrative	-		<b>Miscellaneous</b> Other				
Administrative			Specify Other:				
			Specify Other.				
Caretaker			Capital Expenditures/N	Vlajor			
Salary			Maintenance/Repairs	•			
Rental Discount		<del></del>					
Initial:		_	*Capital Expenditures involving replacement	t of worn or obs	olete compo	nents w	here
Date:			replacement is of sign Doors, Roof etc.	ificant duration and	cost, i.e. Boil	ers, Wind	lows,