

2017 Hotel/Motel Property Information Request Form

Owner Contact and Certification Form	
Roll Number :	
Property Address:	
Hotel/Motel Name:	
Property Owner:	Phone Number:
Property Manager:	Phone Number:
Email:	

Company Representative:(Please print)	
Name	
Position	
Company Name	
Phone Number	
E-mail Address	
Follow-Up Contact Person:(If different from above)	
Name	
Phone Number	
E-mail Address	

For Office Use Only.	
Property Type: _____	P-use Code: _____
Data Entered by: _____	Date: _____
Reviewed by: _____	Date: _____
<input type="checkbox"/> Attributes <input type="checkbox"/> Rent Roll <input type="checkbox"/> I&E Survey	

2017 General Description Information

Roll Number:	Property Address:
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Type of Hotel/Motel	
<input type="checkbox"/> Limited Service Hotel/Motel <input type="checkbox"/> Full Service Hotel/Motel <input type="checkbox"/> Suite Hotel/Motel <input type="checkbox"/> Gallonage (Beverage) Hotel/Motel <input type="checkbox"/> Other _____	Franchise Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Franchise Agreement) Franchise Affiliate: _____ Franchise Fees: _____ Canada Select Rating (# of Stars): _____

Hotel/Motel Amenities:	
Dining/Beverage Facilities: <input type="checkbox"/> Coffee Shop <input type="checkbox"/> Dining Facilities <input type="checkbox"/> Lounge <input type="checkbox"/> Beverage Room <input type="checkbox"/> Conference/Banquet Room <input type="checkbox"/> Off Sale Facilities	Seating Area (SF): _____ Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No Seating Area (SF): _____ Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No Seating Area (SF): _____ Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No Seating Area (SF): _____ Seating Area (SF): _____ Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No Area (SF): _____
Recreational/Other Facilities: <input type="checkbox"/> VLT's Number: ____ <input type="checkbox"/> Gift Shop <input type="checkbox"/> Indoor Pool <input type="checkbox"/> Outdoor Pool <input type="checkbox"/> Sauna/Steam Room <input type="checkbox"/> Whirl Pool <input type="checkbox"/> Waterslide	<input type="checkbox"/> Health Club/Fitness Centre <input type="checkbox"/> Guest Laundry Facilities <input type="checkbox"/> Other (Please Specify) _____

Room Information		# Closed Rooms	#
Total Rentable Rooms	#	Reason for Closure (Circle one below)	
Total Occupied Rooms	#	<input type="checkbox"/> Fire <input type="checkbox"/> Renovation <input type="checkbox"/> Other (Explain) _____	
Annual Occupancy Rate	_____ %	Length of Closure # months _____	
Average Daily Rate	\$		

Charges Typically Included in Room Rates:		
<input type="checkbox"/> Telephone <input type="checkbox"/> Bar Fridge	<input type="checkbox"/> Cable/Satellite T.V. <input type="checkbox"/> WIFI <input type="checkbox"/> Parking	<input type="checkbox"/> Breakfast <input type="checkbox"/> Kitchenette <input type="checkbox"/> Other (Please Specify) _____

Parking Details (on site):	Number of Stalls	
	Covered	Surface

Initial: _____ **Date:** _____

2017 Commercial Rent Roll (IF APPLICABLE)

Page ____ of ____

Roll Number:			Property Address:																											
A	B			C	D	E	F			G			H	I	J	K	L	M												
Tenant Name/ Trade Name	Tenant Information			Floor (Basement, Main, 2 nd , etc.)	Space Type (Office, Retail, Restaurant, etc.)	Rentable Area (Sq Ft)	Negotiated Lease Date			Lease Expiry Date			Lease Type Net (N) Gross (G)	Rent per Sq Ft.	Rent per Month	Monthly Occupancy Charges (if applicable)	Other Rents (\$/Month) Explain _____	Check off items that are paid for by the owner												
	Owner Occupied	Leased	Vacant															Insurance	Utilities	Maintenance/Repairs	Janitor	Property Tax	Other (Explain)							
ABC Company	✓			Main	Warehouse	2000	DD 01	MM Jan	YR 09	DD 31	MM Dec	YR 12	N	\$10	\$2000		300 Signs	✓					✓							

Note: Do not include GST in rents

Initial: _____ **Date:** _____

2017 Annual Income Statement

Financial statements can be submitted for the income/expense portion of the form.

12 Month Fiscal Period Ending _____

For Partial Year Only Please Provide:

Start Date: _____ End date: _____ # of Months _____

Roll Number:	Property Address:
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Room Revenues:	2017		
Room Type	# of Rooms	Posted Room Rates	Comments
Single			
Double			
King Size			
Suite			
Executive/Presidential Suite			
Other			
Total # of Rentable Rooms			
Gross Room Revenue			
Average Daily Rate			
Annual Occupancy (%)			
RevPAR			
Revenues:	2017		Comments
Total Gross Room Revenues			
Food & Beverage Revenue:			
Coffee Shop			
Dining Facilities			
Banquet Rooms/Conference Areas			
Beverage Room Sales			
Beverage Off Sales			
Lounge			
Room Services			
Other (Please Specify) _____			
Other Revenue:			
VLT's			
ATM's			
Telephone			
Parking			
Laundry			
Other (Please Specify) _____			
Commercial Tenant Rent			
Total Revenue			

Initial: _____ **Date:** _____

2017 Annual Expense Statement

12 Month Fiscal Period Ending _____
For Partial Year Only Please Provide: Start Date: _____ End date: _____ # of Months _____

Roll Number:	Property Address:
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Fixed Expenses:	2017	Comments
Management Fees (circle one): Owner Managed or Management Company		
Property and Liability Insurance		
Property Taxes		
Other (Please Specify) _____		
TOTAL FIXED EXPENSES:		

Department Expenses:		
Room Expense:		
Room Related Expense		
Wages		
Food and Beverage Expense:		
Cost of Goods Sold		
Wages		
Telephone (Room)		
Other (Please Specify)		
TOTAL DEPARTMENT EXPENSES:		

Undistributed Operating Expenses:	2017	Comments
Administrative /General		
Franchise Fees		
Marketing and Guest Entertainment		
Advertising & Promotion		
Legal & Audit Fees (Professional Fees)		
Staff Wages and Benefits		
Office Supplies		
Property Operation, Maintenance, & Energy Costs (POMEC)		
Repairs & Maintenance		
Heating		
Electricity		
Water & Sewer		
Garbage Removal /Exterminating		
Supplies & Materials		
Rentals (Miscellaneous Rental Costs)		
Elevators		
Other Expenses (Explain)		
TOTAL UNDISTRIBUTED EXPENSES:		
NET OPERATING INCOME:		

Initial: _____ **Date:** _____

Major Capital Expenses and Replacement Items

12 Month Fiscal Period Ending _____
For Partial Year Only Please Provide: Start Date: _____ End date: _____ # of Months _____

Roll Number:	Property Address:	
Major Capital Expenses/Replacement Items:	2017	Comments
Roof	\$	
Windows	\$	
Heating/HVAC	\$	
Other (Please Specify)	\$	
Reserves for Replacement Allowance	\$	

Furniture, Fixtures & Equipment (FF&E)	2017
Estimated Total FF&E	\$
Last Major FF&E Upgrade	Year: \$

Note or Comments

Certification: I hereby certify that the attached information is true and correct.	
Signature:	
Date:	
Email:	
Please make sure to initial and date each of the attached forms & any additional pages you attached	

An appraiser may call to clarify information.