

CONFIDENTIAL

Assessment Request for Information – Income/Expenses

Assessment Services Lacombe County, RR 3 Lacombe, AB T4L 2N3 403-782-6601

Mobile Home Community - 2024

assessment@lacombecounty.com

| DATE OF REQUEST : | May 3, 2024 | RESPONSE DUE: | JULY 3, 2024 |
|-------------------------|-------------|--------------------|--------------|
| Property Owner: | | Roll Number: | |
| Mailing Address : | | Property Address : | |
| Contact Person : | | Contact Number : | |
| Community Name : | | Date Prepared : | |
| Total Sites on Property | | Contact e-Mail: | |

Please complete the survey below by providing the rental income from each site and expense for operating the community. ALTERNATIVELY: you may wish to provide a copy of your most recent Rent Roll and audited financial statements.

| PROPERTY INCOME | | | | | | |
|-----------------|-----------------------------|-----------------------------|-------------|------------------|--|--|
| Site or Unit# | Actual Rent as of June 2023 | Date of Last Rent Change | If Vacant | | | |
| | | | Asking Rent | How many months? | | |
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If you need extra space, please attach additional page.

| Vehicle/ RV Parking Income | | | |
|----------------------------|----|--|--|
| Number of Stalls Rented | | | |
| Rent/Stall per month | \$ | | |
| Other Parking Income | \$ | | |

| Other Income (Annual) | |
|-------------------------------|----|
| Common Area Charges | \$ |
| Laundry | \$ |
| Other Income (Please Specify) | \$ |

| (DO NOT INCLUDE mortgage, bank charges, debt charges, deprecia General : | ation, or business expenses) Amount Paid | | | |
|---|--|-------------------|--------------------|------|
| Management | \$ | u | | |
| Wages: Caretaker | · | | | |
| Annual Insurance | \$ \$ | | | |
| Utilities (water, sewer, power, gas, cablevision, | \$ | | | |
| internet) | · | | | |
| Property Taxes | \$ | | | |
| License Fees | \$ | | | |
| Maintenance & Repair: | | | | |
| Painting/Decorating | \$ | | | |
| Repairs/Maintenance (Please specify in "COMMENTS" below) | \$ | | | |
| Ground Maintenance | \$ | | | |
| Snow Removal | \$ | | | |
| Miscellaneous: | | | | |
| Supplies | \$ | | | |
| Legal & Audit | \$ | | | |
| Advertising/Marketing | \$ | | | |
| Other (Please Specify) | \$ | | | |
| CAPITAL EXPENDITURE | | V D. :14 | Was a st | 0-1 |
| Items Replaced / Upgraded (i.e. infrastructure, capital upgrades – NOT mobile home renovati | ions) | Year Built | Year of Renovation | Cost |
| | | | | |
| | | | | |
| f you need extra space, please attach additional page. | | | | |
| COMMENTS | | | | |
| | | | | |
| | | | | |
| APPRAISAL | | | | |
| Was there an appraisal done on the property in the la | ast 3 years? (Ple | ase circle) | Yes | No |
| If yes, Date of Appraisal: Purpose of App | oraisal: | | Amount: | |
| | | | | |
| CERTIFICATION | | | | |
| CERTIFICATION All information provided herein has been examined by me and it | | omplete to the be | est of my knowled | ge. |
| CERTIFICATION | true, current, and co | omplete to the be | est of my knowled | ge. |
| CERTIFICATION All information provided herein has been examined by me and it | | omplete to the be | est of my knowled | ge. |