



Servitech pour Ville de Châteauguay
 5, boulevard D'Youville
 Châteauguay (Québec) J6J 2P8

NAME AND ADDRESS OF THE OWNER

MUNICIPALITY	SECTOR	NEIGHBORHOOD	MATRICULE
USE	APARTMENT	OTHER PREMISES	CODE COMP.
ADDRESS			

STATEMENT OF INCOME AND EXPENSES

END OF FISCAL YEAR : 2020

OPERATING INCOME

		Amount	
1 Base rent income	1		\$
2 Additional rental income (recovery of operating expenses)	2		\$
3 Parking income	3		\$
<input type="checkbox"/> Outdoor	3		\$
<input type="checkbox"/> Indoor	3		\$
4 Laundry income	4		\$
5 Other income: Example : Advertising sign, antennas, etc.			
Specify: _____	5		\$
_____	5		\$
_____	5		\$

OPERATING LOSSES

		Amount	
6 Rent vacancy	6		\$
7 Bad debts (rents due but not collected)	7		\$
8 Freebies and other incentives			
Specify : _____	8		\$
_____	8		\$
_____	8		\$

OPERATING EXPENSES

		Amount	
9 Property taxes	9		\$
10 School tax	10		\$
11 Pricing for water (if meter)	11		\$
12 Insurance (fire and liability, excluding furniture)	12		\$
13 Electricity: heating included: <input type="checkbox"/> yes <input type="checkbox"/> no	13		\$
14 Heating: Combustible: Oil	14		\$
15 Gas	15		\$
16 Electricity	16		\$
17 Routine maintenance and repair (excluding major repairs)	17		\$
18 Snow removal and lawn care (cost of the contract)	18		\$
19 Sanitary container, garbage bin (cost of the contract)	19		\$
20 Professional fees	20		\$
21 Janitor (other than the owner): Salary	21		\$
22 Rent reduction	22		\$
23 Cleaning service (non-residential premises and common areas)	23		\$
24 Advertising, promotion (ads, newspapers, etc.)	24		\$
25 Supplies and miscellaneous expenses	25		\$
26 Management fees	26		\$
27 Other expenses: Specify: _____	27		\$
_____	27		\$
_____	27		\$

MAJOR REPAIRS (assets, capital expenditures)

28 Fiscal year: Fiscal year targeted (2020)	28		\$
29 Previous fiscal year (2019)	29		\$
30 2° previous fiscal year (2018)	30		\$

Care must be taken to distinguish the expenses for major repairs, that is to say those which required an important disbursement for the renovation of the building, for example the repair of the roof, the replacement of the windows, the mechanical systems, etc. These are capital expenditures and these should not be considered in operating costs, but rather in the Major Repairs section. Interest on the mortgage and amortization is not required in this investigation.



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NAME AND ADDRESS OF THE OWNER

MUNICIPALITY SECTOR NEIGHBORHOOD MATRICULE

USE APARTMENT OTHER PREMISES CODE COMP.

RESIDENTIAL INCOME

REFERENCE DATE 2020-07-01

RC: FIRST FLOOR
 02 À 99: LEVEL ABOVE
 FIRST FLOOR
 AT: ATTIC
 SS: BASEMENT
 V: VACANT
 C: JANITOR
 P: OWNER
 L: TENANT

INDICATE IF SERVICES ARE :
 B : INCLUDED IN THE RENT P : OFFERED IN THE BUILDING

N°	ADDRESS	APT. NUMBER	FLOOR	NB OF ROOM	TYPE OF OCCUPATION	NB OF MONTH VACANT	LEASE		RENT AMOUNT	01	02	03	04	05	06	07	08	09	10	20	22	90	91	98	99			
							TERM (MONTHS)	END																				
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OWNER'S DECLARATION

I hereby declare that the information provided here is accurate. I acknowledge that I have read sections 16 to 18 of the Act respecting municipal taxation and the obligations attached thereto. Anyone making a false declaration commits an offense under the Act respecting municipal taxation, chapter F-2.1.

REPRESENTATIVE'S NAME

SIGNATURE

TITLE _____

EMAIL _____

PHONE _____

DATE (dd/mm/yyyy)

RESERVED FOR ADMINISTRATION

NOTES:

VERIFIED BY :



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NAME AND ADDRESS OF THE OWNER

MUNICIPALITY	SECTOR	NEIGHBORHOOD	MATRICULE
USE	APARTMENT	OTHER PREMISES	CODE COMP.

NON-RESIDENTIAL INCOME

REFERENCE DATE 2020-07-01

AT : ATTIC
 SS : BASEMENT
 RC : FIRST FLOOR
 02 À 99 : LEVEL ABOVE FIRST FLOOR

INDICATE IF SERVICES ARE:
 B: INCLUDED IN BASE RENT A: INCLUDED IN ADDITIONAL RENT L: PAID BY TENANT

N°	LOCAL NO	NAME OF TENANT OR VACANT	FLOOR	USE	AREA		NUMBER OF MONTH VACANT	LEASE		RENT			CHECK ✓			ELECTRICITY	HEATING	AIR. CONDI.	SNOW REMOVAL	ELEVATOR	INSURANCE	HOT WATER	PROPERTY TAXES	NON-RESIDENTIAL TAX	WATER AND SERVICES TAXES	MAINTENANCE & REPAIRS	JANITOR (common spaces)	JANITOR (RENTED SPACES)	OTHER	NONE	PREMISES IMPROVMENT	AMOUNT PAID BY THE OWNER
					S.M.	S.F.		START	END	BASE	ADDI-TIONAL	%	MONTHLY	ANNUAL	S.O./S.M.																	
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OTHER SERVICES INCLUDES – SPECIFY: _____

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REPRESENTATIVE'S NAME _____

SIGNATURE _____

TITLE _____

DATE (dd/mm/yyyy) _____

EMAIL _____

PHONE _____

RESERVED FOR ADMINISTRATION

NOTES:

VERIFIED BY :