

## Self Storage Income and Expense Information

Please complete or correct the following information. (Both sides)

**Income Year:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

Municipality \_\_\_\_\_

Roll number \_\_\_\_\_

Civic address \_\_\_\_\_

Property name \_\_\_\_\_

Contact name \_\_\_\_\_

Phone number \_\_\_\_\_

Alternate number \_\_\_\_\_

Email \_\_\_\_\_

**Section 1: Lease Details and Income Information:**

Unit Dimensions	Size (SF)	Number of Units	Total Square Footage Per Unit Type <i>(Square Footage of Unit x Number of Units)</i>	Monthly Rent	Annual Gross Potential Income (GPI) <i>(# of Units x Monthly Rent x 12)</i>	Actual Income (Annual)	Vacancy % (Annual) <i>(GPI – Actual Income / GPI x 100)</i>
<i>Ex. 10'x10'</i>	<i>100</i>	<i>2</i>	<i>200</i>	<i>\$75</i>	<i>\$1,800</i>	<i>\$1,350</i>	<i>25%</i>
<b>Totals:</b>							

**Outdoor Storage Available:**  Yes  No **Actual Income from Outdoor Storage:** (if applicable): \$ \_\_\_\_\_

- 1. Is there a rental rate brochure for the requested income year?  Yes  No (If yes, please include a copy)
- 2. Are there any promotional offers? (i.e. Rent for 11 months, get 12<sup>th</sup> month free)  Yes  No (If yes, please specify)

Please email this form along with a copy of your financial statement to [incomeinfo@gov.mb.ca](mailto:incomeinfo@gov.mb.ca)

**Section 2: Operating Expense Details:** Please enter the dollar amount for each expense type

Expense	Expense Amount (\$)
Advertising	\$
Electricity	\$
Heating	\$
Insurance	\$
Property Management	\$
Property Taxes	\$
Repairs & Maintenance	\$
Sewer/Water	\$
Snow and Garbage Removal	\$
Wages	\$
Other Expenses ( <i>please specify</i> ):	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL EXPENSES:</b>	<b>\$</b>

**NOTE:** If T2125 “Statement of Business Activities” is attached, disregard completion of Section 2.

**Certification**

I hereby certify that all information contained in this statement is true and correct. I understand that willfully making any false statement of material fact herein will subject the property to the penalties outlined in The Municipal Assessment Act.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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