

Campground / Mobile Home Parks Income and Expense Information

Income year: _____

Section 1 – General Information

Municipality _____	Contact name _____
Roll number _____	Phone number _____
Civic address _____	Cell number _____
Property name _____	Email _____

Section 2 – Property Characteristic Information

Please indicate if your property has the following amenities.

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> campground office | <input type="checkbox"/> beach | <input type="checkbox"/> recreation room / hall |
| <input type="checkbox"/> restaurant | <input type="checkbox"/> outdoor pool | <input type="checkbox"/> available trailer/cabin rentals |
| <input type="checkbox"/> store | <input type="checkbox"/> indoor pool | <input type="checkbox"/> seasonal sites |
| <input type="checkbox"/> washrooms/showers | <input type="checkbox"/> hot tub | <input type="checkbox"/> street lights |

Electrical Services

Please indicate the type of electrical service and the number of serviced sites your property has:

	<u>60 amp</u>	<u>100 amp</u>	<u>200 amp</u>
overhead	_____	_____	_____
underground	_____	_____	_____

Water and Sewer

Please indicate the type of water and sewer services and the number of serviced sites your property has:

	water only	water and sewer	none
<u>Number of sites</u>	_____	_____	_____

Please indicate who is responsible for the water services on the property.

- | | |
|--|---|
| <input type="checkbox"/> owner provided services | <input type="checkbox"/> municipal services |
|--|---|

Please indicate who is responsible for sewer services on the property.

- | | |
|--|---|
| <input type="checkbox"/> owner provided services | <input type="checkbox"/> municipal services |
|--|---|

Please indicate the type of sewer services on the property.

- | | | | |
|---------------------------------------|---------------------------------|---------------------------------------|--------------|
| <input type="checkbox"/> holding tank | <input type="checkbox"/> lagoon | <input type="checkbox"/> low pressure | other: _____ |
|---------------------------------------|---------------------------------|---------------------------------------|--------------|

Site Finish

Please indicate the type of site finish the property has:

- | | |
|-----------------------------------|-----------------------------------|
| <u>Parking pad</u> | <u>Road</u> |
| <input type="checkbox"/> gravel | <input type="checkbox"/> gravel |
| <input type="checkbox"/> pavement | <input type="checkbox"/> pavement |

Please email this form along with a copy of your financial statement to incomeinfo@gov.mb.ca

Section 3 - Site Income Information

Type of Site	No. of Sites Available	Daily Rate	Weekly Rate	Monthly Rate	Seasonal Rate	Annual Rate
unserved site						
water service (above ground) only						
water service (underground) only						
electrical service (underground) only						
electrical (above ground) only						
water and electrical						
full services (water, sewer, electrical)						
cabin/trailer rentals						

Additional annual revenue \$ _____ Specify: _____

Section 4 – Expense Information

Management Expenses

If owner-managed, are owner wages reported on the financial statements as wages or as management?

wages management amount \$ _____

If not owner managed, is the property managed by an on-site manager or management company?

on-site management

Are management fees reported on the financial statements as wages or as management?

wages management amount \$ _____

Capital Expenses

Has the property had any capital improvements in the last year? yes no

If yes, please provide a breakdown of capital expenses

	<u>Expenses</u>	<u>Details</u>
building	_____	_____
furniture, fixtures and equipment	_____	_____

Section 5 – Questions or Comments

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.

Completed by: _____ Date: _____

Signature: _____

Please email this form along with a copy of your financial statement to incomeinfo@gov.mb.ca