



2001 Survey of Service Industries: Real Estate Rental and Leasing and Property Management Industries

This information is collected under the authority of the *Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.*

Completion of this questionnaire is a legal requirement under this Act.

This document is confidential when completed.

Si vous préférez recevoir ce questionnaire en français, veuillez nous téléphoner au **1 888 881-3666**.

If necessary, please correct pre-printed information below.

| | | | | |
|------|-----------------------|------|--|-----------------------------|
| 0001 | Legal name | 0004 | Address (number and street) | |
| 0002 | Business name | 0005 | City | |
| 0003 | C/O | 0006 | Province or State | |
| 0008 | First name of contact | 0053 | Country | 0007 Postal code / Zip code |
| 0028 | Last name of contact | 0010 | Language preference 1 <input type="radio"/> English 2 <input type="radio"/> French | |

A. General Information

Survey Purpose

This survey collects the financial and operating data needed to develop national and regional economic policies and programs.

Data Sharing Agreements

In an effort to reduce reporting burden, Statistics Canada has entered into agreements with provincial and territorial statistical agencies for the sharing of data. The data are kept confidential and used for statistical purposes only. Please see the enclosed information booklet for details of the agreements.

Confidentiality

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada.

Fax or Other Electronic Transmission Disclosure

Statistics Canada advises you that there could be a risk of disclosure during the facsimile or other electronic transmission. However, upon receipt Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act*.

Reporting Instructions

- Report for **all** operation(s) and/or location(s) described on the address label above. If it is not possible to report for the above business unit(s), please explain the reason(s) in the comments section at the end of the questionnaire.
- When precise figures are not available, please provide your best estimates.
- For further information about this survey and definitions, please consult the enclosed information booklet.

Return of Questionnaire

Please mail the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at 1 888 883-7999 within 30 days of receipt.

Lost the return envelope or need help? Call us at **1 888 881-3666** or mail to:
Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6

B. Main Business Activity

Please describe the nature of your business.

0055 _____

Please check only one of the following categories that represents the **main** activity, at this business unit, which most accurately describes the principal source of revenue.

Covered by survey:

- 0230 Lessors of residential buildings and dwellings, for profit
0233 Lessors of non-residential buildings, except mini-warehouses (shopping mall; offices; etc)
0234 Self-storage mini-warehouses
0235 Lessors of other real estate property (mobile home park; agricultural property rental; etc)
0240 Property managers, residential and non-residential properties

Exclusions from survey:

- 0243 Condominium associations
0232 Social housing
0040 None of the above

If you checked any of these exclusions from survey, please complete the last page and return the questionnaire.

For further information, please refer to the enclosed information booklet.

C. Reporting Period Information

Please report for your **fiscal year** (normal business year) ending between April 1, 2001 and March 31, 2002. Please indicate below the period covered by this questionnaire.

0011 Year Month Day 0012 Year Month Day
1. From _____ **To** _____

2. If you did not operate this business unit for a full year, please check the reason(s) below:

- 0031 1 Seasonal Operation 2 New Business 3 Change of Fiscal Year 4 Change of Ownership 5 Ceased Operations 6 Temporarily Inactive

3. Please indicate below, any change that may have occurred in the organization of this business unit during this fiscal year:

- 0047 1 Acquired New Business Units 2 Disposed of/ Sold Business Units

If you have had any other changes in your business within the year, please describe these changes in the comment section at the end of the questionnaire.

D. Joint Venture

If you are involved in a joint venture, **do not include** the joint venture revenue and expenses. However, if you cannot differentiate between the entities of that joint venture, please describe the nature of the joint venture in the comments section at the end of the questionnaire.

Are you reporting for the joint venture or only for your business as it appears on the printed label?

- 0171 1 Yes, reporting for the joint venture(s)
 3 No, not reporting for any joint venture

For further information, please refer to the enclosed information booklet.

E. Number of Buildings and Units

| | Number | Square Feet |
|--|--------|-------------|
| 1. Report the number of buildings you owned or operated at the end of the reporting period. | 1222 | |
| 2. Report the number of vacant buildings you owned or operated at the end of the reporting period. | 1223 | |
| 3. Report the number of leased units or square feet you owned or operated during the reporting period. | 1224 | 1226 |
| 4. Report the number of vacant units or square feet you owned or operated during the reporting period. | 1225 | 1227 |

F. Renovations and Alterations

If your firm earns revenue from the renting and leasing of either Residential or Non-residential real estate, or if you are a property management firm and have done some alteration or renovation work on behalf of the owner, complete this section.

Have you done any renovation or alteration work?

1235 1 Yes ► Please complete the questions below.

3 No ► Please go to Section G, Personnel on the next page.

Report the total value of capital expenditures or investment made on the 4 categories of expenditures below during the reporting period. **Include** the cost of materials, own account work, and contracted work

If you cannot report the actual value, please report the PERCENTAGE of the expenditures for Renovations and Alterations for 2 or more categories but please report the **TOTAL** amount at point 6 below.

| | Residential | | Non-Residential | | Total | |
|--|----------------------|-------------|----------------------|-------------|----------------------|-------------|
| 1. What is the total number of buildings owned or operated during the reporting period? | 9300 | | 9301 | | 9302 | |
| Capital Expenditures/Investment ► | Value (\$000) | % | Value (\$000) | % | Value (\$000) | % |
| 2. How much did you spend/invest in any major construction work in the form of ADDITIONS done on the property? | 9291 | 9303 | 9315 | 9307 | 9319 | 9311 |
| 3. How much did you spend/invest in RENOVATIONS or alterations? | 9292 | 9304 | 9316 | 9308 | 9320 | 9312 |
| 4. How much did you spend/invest in the REPLACEMENT of existing equipment? | 9293 | 9305 | 9317 | 9309 | 9321 | 9313 |
| 5. How much did you spend/invest in NEW installations of equipment that did not previously exist on the property? | 9294 | 9306 | 9318 | 9310 | 9322 | 9314 |
| 6. Total expenditures | 9323 | 100% | 9324 | 100% | 9326 | 100% |

For further information, please refer to the enclosed information booklet.

G. Personnel

Report the average number of people employed.

1. Full-time employees _____
2. Part-time employees _____
3. **Total number of paid employees** (sum of 1 and 2) _____

| Number | |
|--------|-------|
| 6310 | _____ |
| 6311 | _____ |
| 6312 | _____ |

H. Revenue

Revenue:

\$ CDN

| | |
|--|------|
| 1. Residential, rental and leasing of residential dwellings | 1150 |
| 2. Non-Residential, rental and leasing | 1228 |
| 3. Self Storage Warehouses, rental and leasing of mini-warehouse | 1210 |
| 4. Other Real Estate Property, rental and leasing of mobile home parks or land | 1221 |
| 5. Property Management fees | 1336 |
| 6. Sales of other goods and services | 2000 |
| 7. All other revenue. Provide details below. | |
| 1229 | 1232 |
| 1230 | 1233 |
| 1231 | 1234 |
| 8. Total Revenue (sum of 1 to 7) | 2098 |

For further information, please refer to the enclosed information booklet.

I. Expenses

| Expenses: | \$ CDN | \$ CDN |
|--|--------|-------------|
| 1. Total salaries and wages | 3010 | |
| 2. Employer portion of employee benefits | 3040 | |
| 3. Total labour remuneration (sum of 1 and 2) | | 3041 |
| 4. Real estate property management fees paid to others | | 3202 |
| 5. Real estate commissions paid to others | | 3212 |
| 6. Inducements to tenants (for the reporting period) | | 3222 |
| 7. Utilities (eg. light, heat, power, water) | | 4042 |
| 8. Rental and leasing expenses | | 4115 |
| 9. Maintenance and repair expenses of buildings and structures | | 4185 |
| 10. Janitorial, cleaning, and snow removal service expenses | | 4200 |
| 11. Legal, accounting and auditing expenses | | 4230 |
| 12. Other purchased professional and business services | | 4275 |
| 13. Insurance premiums | | 4350 |
| 14. Property taxes | | 4427 |
| 15. Transfer taxes and lot levies | | 4426 |
| 16. Other provincial and municipal taxes | | 4428 |
| 17. Depreciation and amortization of buildings and equipments | | 4520 |
| 18. Mortgage Interest | | 4620 |
| 19. All other expenses. Provide details below. | | |
| 4531 | | 4534 |
| 4532 | | 4535 |
| 4533 | | 4536 |
| 20. Total expenses (sum of 3 to 19) | | 4699 |

J. Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

| | | | | |
|--|---------------------------|-------------------------|-------------------|-----|
| Signature of authorized person | Title 0014 | 0015 Date | | |
| | | Year | Month | Day |
| Name of person to contact for further information 0026 1 <input type="radio"/> Mr. 2 <input type="radio"/> Mrs. 3 <input type="radio"/> Miss 4 <input type="radio"/> Ms. | | 0013 First name | 0054 Last name | |
| E-mail address: 0018 | Web site address: 0020 | | | |
| Telephone number: 0017 () | Extension: 0027 | Fax number: 0016 () | | |
| How long did you spend collecting the data and completing this questionnaire? | | 9910 hour(s) | 9909 minutes | |

K. Comments

We invite your comments below. If necessary, please attach a separate page. Please be assured that we review all comments with the intent of improving the survey.

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Thank you for completing this questionnaire. Please retain a copy for your records.

Statistics Canada's publications are available for use
in Statistics Canada's regional offices and all major libraries.
As well, please visit our Web site at www.statcan.ca

If you need help, please contact us at **1 888 881-3666**.