

## Survey of Commercial Rents

### Purpose of this survey

The data collected in this quarterly survey are used to produce indexes that measure the price changes of commercial rents. Businesses use these indexes to gain a better understanding of their industry and assess their performance, while Statistics Canada uses these indexes to estimate inflation adjusted growth and productivity from this sector of the economy. This survey applies to all lessors of commercial property in Canada, engaged in the provision of space to others for rent, which are not used as residences or dwellings. Mini-warehouses are excluded from this definition. In order to enhance the information you provide in this survey, Statistics Canada plans to combine the responses relating to your organization with the information you previously provided on this survey.

### Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information relating to your business without your prior written consent. **The data reported on your questionnaire will be treated in strict confidence, used for statistical purposes and published in aggregate form only.** The confidentiality provisions of the Statistics Act are not affected by the Access to Information Act or by any other legislation.

C0011

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### CONFIDENTIAL when completed.

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.

Si vous préférez recevoir ce questionnaire en français veuillez composer le 1 877 604 7828.

### Your Participation is important

Your participation is vital to ensuring that the information collected in this survey is accurate and comprehensive.

### 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 to all information collected under the authority of the Statistics Act.

### Return Procedures.... Need Help?

Please return the completed questionnaire to Statistics Canada within 15 days of receipt by mail using the return envelope. You can also fax it to 1-888-883-7999 or email to [business.surveys.unit.oid@statcan.gc.ca](mailto:business.surveys.unit.oid@statcan.gc.ca).

**Lost the return envelope or need help?** Call us at 1-877-604-7828 or mail to: Statistics Canada, Business Survey Section/Central Region, 150 Tunney's Pasture Driveway, Ottawa, Ontario, K1A 0T6.

If necessary, please make address label corrections in the boxes below (please print)			
C0001 Legal Name			
C0002 Business Name		C0021 Title of Contact	
C0008 First Name of contact	C0028 Last Name of contact		
C0004 Address (number and street)		C0005 City	
C0006 Province/ territory or state		C0007 Postal Code/Zip Code	
C0053 Country	C0010 Language Preference		
	1 <input type="radio"/> English	2 <input type="radio"/> French	

**Section A: Building Information**

*Please complete the following questionnaire for the commercial building that you own.*

If you own more than one building, please select one which:

- is located in the same province that this questionnaire was mailed to
- is not owner occupied or is not entirely owner occupied

*Please, whenever possible provide data from the same building as the previous quarter*

C0100	
For Office Use Only	Building Name: _____
C0100b	

<b>Building Address</b>	Number of above ground floors: C0400 _____
Number and street: C0101 _____	Number of square feet available for lease: C0500 _____
City: C0102 _____	Percentage (%) of square feet available for lease that is occupied by owner: C0501 _____
Province: C0103 _____	
Postal code: C0104 _____	
Year constructed: C0200 _____	Did you renovate any part of this building during the 4th Quarter of 2009? C0600 Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupancy Rate % (as of October 1, 2009): C0300 _____	if yes, approximate \$ value: C0601 _____

<p><b>What type of building is this?</b></p> <p>(select <u>all</u> that apply, see reporting guide for definitions)</p>	<p><b>From the type of building(s) selected, which one generated the most gross leasing revenue during the 4th Quarter of 2009?</b></p> <p>(select only one)</p>
<p>C0810 <input type="checkbox"/> Office building   ▶ Class: C0811 A____ C0812 B____ C0813 C____</p> <p>C0820 <input type="checkbox"/> Enclosed shopping centre</p> <p>C0830 <input type="checkbox"/> Open shopping centre</p> <p>C0840 <input type="checkbox"/> Commercial building (excluding shopping centres)</p> <p>C0850 <input type="checkbox"/> Industrial building</p> <p>C0860 <input type="checkbox"/> Warehouse (except miniwarehouse)</p> <p>C0870 <input type="checkbox"/> Other Non-residential building</p>	<p>C0900</p> <p>1 <input type="checkbox"/> Office building</p> <p>2 <input type="checkbox"/> Enclosed shopping centre</p> <p>3 <input type="checkbox"/> Open shopping centre</p> <p>4 <input type="checkbox"/> Commercial building (excluding shopping centres)</p> <p>5 <input type="checkbox"/> Industrial building</p> <p>6 <input type="checkbox"/> Warehouse (except miniwarehouse)</p> <p>7 <input type="checkbox"/> Other Non-residential building</p>

**Section B: Tenant Information**

Please answer the following questions for the same building that you selected in Section A.

**Definitions: Total Tenants:** This includes all tenants who currently occupy space in the selected building.

**Net Effective Rent Charged:** The price **charged** to tenants to physically occupy space in your building each month, excluding all operating costs, incentives or additional rents. If a tenant makes a late rental payment, please provide the price charged in the month rent was due rather than the month rent was collected. If any tenants pay rent on a quarterly or annual basis, please provide an approximate monthly value.

**Examples of operating costs and additional rents not to be included are:**

Utilities (heat, water, electricity, etc.)	Elevator expenses
Insurance	Installation of communications equipment
Taxes of all kinds (municipal, property, capital, school, etc.)	Management fee costs or commissions
Common area maintenance (cleaning, repairs, janitorial services, etc.)	Parking and storage revenue

**Percentage Rents:** These rents charges occur most often in retail and auditorium/arena leasing, and are defined as a portion of a tenant's \$ revenue paid to the lessor from an event or the standard operation of a business. Please indicate the dollar \$ amount (or best estimate) and not the percentage.

**Tenant Incentives:** Rent free periods, tenant improvement allowances, lease buyout values, signing bonuses or volume discounts. If your tenant incentives are already reflected in the net effective rent, do not include them again. Otherwise, please provide an approximate value per month.

<b>Total Tenants (excluding owner occupied)</b>			
	<b>October</b>	<b>November</b>	<b>December</b>
How many tenants:	C1000	C2000	C3000
How many square feet did they occupy (ft <sup>2</sup> ):	C1100	C2100	C3100
Net effective rent charged (\$): (NOT including percentage rents)	C1200	C2200	C3200
Dollar value of "percentage rents" collected (\$), if applicable:	C1300	C2300	C3300
Approximate value of tenant incentives (\$), if applicable:	C1400	C2400	C3400

**Comments**

C9920
C9913
C9914
C9915
C9916
C9917
C9918

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

Signature of authorized person	C0015 Date Completed
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**Name of authorized person to contact about this questionnaire (please print)**

C0013 First Name of authorized person	C0054 Last Name of authorized person		
C0014 Title of authorized person			
C0017 Telephone Number	C0027 Ext.	C0016 Fax No.	C0018 E-mail address

**Time to complete questionnaire** C9909  
 How long did you spend collecting and reporting the information needed to complete this questionnaire? **Minutes** \_\_\_\_\_

**Pre-filled Questionnaire**

In order to facilitate the completion of next quarter's questionnaire, we can provide you with a copy of the information you provided this quarter. Do you authorize us to send a pre-filled questionnaire containing the information you provided this quarter?

- C0800 Please check
- YES Please send a pre-filled questionnaire
  - NO Please send a blank questionnaire

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

**Please make a copy of this completed questionnaire for your records.**

**Thank you for completing this questionnaire.**