

# 2016 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Property Location \_\_\_\_\_  
 MAP LOT \_\_\_\_\_

**1 Primary Property Use (Check One)**

Apartment   
  Office   
  Retail   
  Mixed Use   
  Shopping Ctr.   
  Industrial   
  Other \_\_\_\_\_

2 Gross Building Area

(Including Owner-Occupied Space)

Sq. Ft.

6 Number of Parking Spaces

3 Net Leasable Area

Sq. Ft.

7 Actual Year Built

4 Owner-Occupied Area

Sq. Ft.

8 Year Remodeled

5 Number Of Units

**INCOME**

**EXPENSES**

9 Apartment Rentals (From Schedule A) \_\_\_\_\_  
 10 Office Rentals (From Schedule B) \_\_\_\_\_  
 11 Retail Rentals (From Schedule B) \_\_\_\_\_  
 12 Mixed Rentals (From Schedule B) \_\_\_\_\_  
 13 Shopping Center Rentals (From Schedule B) \_\_\_\_\_  
 14 Industrial Rentals (From Schedule B) \_\_\_\_\_  
 15 Other Rentals (From Schedule B) \_\_\_\_\_  
 16 Parking Rentals \_\_\_\_\_  
 17 Other Property Income \_\_\_\_\_  
**18 TOTAL POTENTIAL INCOME** \_\_\_\_\_  
 (Add Line 9 Through Line 17)  
 19 Loss Due to Vacancy and Credit \_\_\_\_\_  
**20 EFFECTIVE ANNUAL INCOME** \_\_\_\_\_  
 (Line 18 Minus Line 19)

21 Heating/Air Conditioning \_\_\_\_\_  
 22 Electricity \_\_\_\_\_  
 23 Other Utilities \_\_\_\_\_  
 24 Payroll (Except management) \_\_\_\_\_  
 25 Supplies \_\_\_\_\_  
 26 Management \_\_\_\_\_  
 27 Insurance \_\_\_\_\_  
 28 Common Area Maintenance \_\_\_\_\_  
 29 Leasing Fees / Commissions / Advertising \_\_\_\_\_  
 30 Legal and Accounting \_\_\_\_\_  
 31 Elevator Maintenance \_\_\_\_\_  
 32 Tenant Improvements \_\_\_\_\_  
 33 General Repairs \_\_\_\_\_  
 34 Other (Specify) \_\_\_\_\_  
 35 Other (Specify) \_\_\_\_\_  
 36 Other (Specify) \_\_\_\_\_  
 37 Security \_\_\_\_\_  
**38 TOTAL EXPENSES (Add Lines 21 Through 37)** \_\_\_\_\_  
**39 NET OPERATING INCOME (Line 20 Minus Line 38)** \_\_\_\_\_  
 40 Capital Expenses \_\_\_\_\_  
 41 Real Estate Taxes \_\_\_\_\_  
 42 Mortgage Payment (Principal and Interest) \_\_\_\_\_

**RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2017**

## SCHEDULE A - 2016 APARTMENT RENT SCHEDULE

Complete this Section for Apartment Rental activity only.

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE	MONTHLY RENT		TYPICAL
	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	PER UNIT	TOTAL	LEASE TERM
EFFICIENCY								
1 BEDROOM								
2 BEDROOM								
3 BEDROOM								
4 BEDROOM								
OTHER RENTABLE UNITS								
OWNER/MANAGER/JANITOR OCCUPIED								
<b>SUBTOTAL</b>								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
<b>TOTALS</b>								

### BUILDING FEATURES INCLUDED IN RENT

(Please Check All That Apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Heat                | <input type="checkbox"/> Furnished Unit |
| <input type="checkbox"/> Electricity         | <input type="checkbox"/> Security       |
| <input type="checkbox"/> Other Utilities     | <input type="checkbox"/> Pool           |
| <input type="checkbox"/> Air Conditioning    | <input type="checkbox"/> Tennis Courts  |
| <input type="checkbox"/> Stove/Refrigerator  | <input type="checkbox"/> Parking        |
| <input type="checkbox"/> Dishwasher          |   |
| <input type="checkbox"/> Garbage Disposal    |   |
| <input type="checkbox"/> Other Specify _____ |   |

## SCHEDULE B - 2016 LESSEE SCHEDULE

Complete this Section for all other rental activities except apartment rental.

NAME OF TENANT	LOCATION OF SPACE	LEASE TERM			ANNUAL RENT				PARKING		INTERIOR FINISH		
		START	END	SQ.FT	BASE	ESC/CAM OVERAGE	TOTAL	TOTAL PER SQ. FT.	NO. OF SPACES	ANNUAL RENT	OWNER	TENANT	COST
<b>TOTALS</b>													

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

# VERIFICATION OF PURCHASE PRICE

PURCHASE PRICE \$ \_\_\_\_\_ DOWN PAYMENT \$ \_\_\_\_\_ DATE OF PURCHASE \_\_\_\_\_  
 DATE OF LAST APPRAISAL \_\_\_\_\_ APPRAISAL FIRM \_\_\_\_\_ APPRAISED VALUE \_\_\_\_\_

FIRST MORTGAGE \$ \_\_\_\_\_ INTEREST RATE \_\_\_\_\_% PAYMENT SCHEDULE TERM \_\_\_\_\_ YEARS  
 SECOND MORTGAGE \$ \_\_\_\_\_ INTEREST RATE \_\_\_\_\_% PAYMENT SCHEDULE TERM \_\_\_\_\_ YEARS  
 OTHER \$ \_\_\_\_\_ INTEREST RATE \_\_\_\_\_% PAYMENT SCHEDULE TERM \_\_\_\_\_ YEARS  
 CHATTEL MORTGAGE \$ \_\_\_\_\_ INTEREST RATE \_\_\_\_\_% PAYMENT SCHEDULE TERM \_\_\_\_\_ YEARS

(Check One)

FIXED	VARIABLE

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: FURNITURE? \$ \_\_\_\_\_ (Value) EQUIPMENT? \_\_\_\_\_ (Value) OTHER (Specify) \$ \_\_\_\_\_ (Value)

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE? (Check One) YES  NO

IF YES, LIST THE ASKING PRICE \$ \_\_\_\_\_ DATE LISTED \_\_\_\_\_ BROKER \_\_\_\_\_

Remarks - Please explain any special circumstances or reasons concerning your purchase (i.e., vacancy, conditions of sale, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE FOREGOING INFORMATION, ACCORDING TO THE BEST OF MY KNOWLEDGE, REMEMBRANCE AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL THE INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY (*Section 12-63c(d) of the Connecticut General Statutes*).

SIGNATURE \_\_\_\_\_ NAME (Print) \_\_\_\_\_ DATE \_\_\_\_\_  
 TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

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