

2010 ANNUAL INCOME AND EXPENSE REPORT

Property Name: _____

Property Address: _____

Parcel ID (Map-Lot): _____

1. Primary use of Property (Circle One) A. Apartment B. Office C. Retail D. Mixed Use E. Shopping Center F. Industrial G. Other _____

2. Gross Bldg. Area* _____ Sq. Ft.

3. Net Leasing Area* _____ Sq. Ft.

*Including owner occupied space, if any.

4. Owner Occupied Area (If Any) _____ Sq. Ft.

5. Number of Units _____

6. Number of Parking Spaces _____

7. Year Built _____

8. Year Remodeled _____

ACTUAL INCOME (2010 CALENDAR YEAR)

- 9. Apartments (Complete Schedule A) \$ _____
- 10. Office Buildings (Complete Schedule B) \$ _____
- 11. Retail Buildings (Complete Schedule B) \$ _____
- 12. Mixed Rentals (Complete Schedule B) \$ _____
- 13. Shopping Centers (Complete Schedule B) \$ _____
- 14. Industrial (Complete Schedule B) \$ _____
- 15. Vacant Areas (Estimated) (Complete Schedule B) \$ _____
- 16. Owner Occupied Area (Complete Schedule B) \$ _____
- 17. Other Rentals (Complete Schedule B) \$ _____
- 18. Other Property Income (Specify) _____ \$ _____
- 19. Parking Rental; (Num. Spaces: _____) \$ _____
- 20. TOTAL POTENTIAL INCOME (add lines 9 through 19) \$ _____
- 21. Loss due to Vacancy and Collection Loss (-) \$ _____
- 22. EFFECTIVE ANNUAL INCOME (line 20 minus line 21) \$ _____

(Complete Schedules A or B on Page 2)

(Enter only if paid by property owner) >

Please be sure to complete all 3 pages

ACTUAL EXPENSES (2010 CALENDAR YEAR)

- 23. Heating/Air Conditioning \$ _____
- 24. Electricity \$ _____
- 25. Other Utilities \$ _____
- 26. Payroll (except management, repairs and decorating) \$ _____
- 27. Supplies (janitorial, etc.) \$ _____
- 28. Management \$ _____
- 29. Insurance \$ _____
- 30. Common Area Maintenance \$ _____
- 31. Leasing Fees/commissions/Advertising \$ _____
- 32. Legal/Accounting \$ _____
- 33. Elevator Maintenance \$ _____
- 34. Security \$ _____
- 35. Repairs _____) \$ _____
- 36. Other (Specify) - _____) \$ _____
- 37. Other (Specify) - _____) \$ _____
- 38. TOTAL ACTUAL EXPENSES (add lines 23-37) \$ _____
- 39. NET OPERATING INCOME (line 22 minus line 38) \$ _____
- 40. Capital Expenditures \$ _____
- 41. Real Estate Taxes \$ _____
- 42. Mortgage Payments (Principal & Interest) \$ _____
- 43. Depreciation \$ _____
- 44. Amortation \$ _____

FAILURE TO FILE BEFORE JUNE 1, 2011 WILL RESULT IN A 10% ASSESSMENT PENALTY.

VERIFICATION OF PURCHASE PRICE

(COMPLETE "VERIFICATION OF PURCHASE PRICE" SECTION ONLY IF TRANSACTION OCCURRED WITHIN PAST THREE (3) YEARS)

PURCHASE PRICE \$ _____	Down Payment \$ _____	Date of Purchase _____	(Check One)	
			Fixed	Variable
FIRST MORTGAGE \$ _____	Interest Rate _____ %	Payment Schedule Term _____ Years		
2ND MORTGAGE \$ _____	Interest Rate _____ %	Payment Schedule Term _____ Years		
OTHER \$ _____	Interest Rate _____ %	Payment Schedule Term _____ Years		

Did the purchase price include a payment for: Furniture? \$ _____ (Value) Equipment? \$ _____ (Value) Other (Specify) \$ _____ (Value)

Was the Sale Between Related Parties? YES NO Approximate Vacancy as of Date of Purchase _____ %

Was An Appraisal Used In The Purchase Financing? YES NO If "YES"; Appraised Value: \$ _____

Name of Appraiser: _____

REMARKS (Explain special circumstances or reasons for your purchase): _____

HAS THIS PROPERTY BEEN LISTED FOR SALE IN THE PAST THREE YEARS ? YES NO Date Listed: _____

ASKING PRICE? \$ _____ Broker: _____

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).

Signed: _____ Phone Number: () _____
Signature of Owner or Preparer

Print Name/Title: _____ **Date:** _____

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