

## 2012 ANNUAL INCOME AND EXPENSE REPORT

Property Address:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Map- Block- Lot- Unit

1. Primary use of Property (Check One)  Apartment;  Office;  Retail;  Mixed Use;  Shopping Center;  Industrial;  Other \_\_\_\_\_
2. Gross Bldg. Area\* \_\_\_\_\_ Sq. Ft.                      5. Number of Units \_\_\_\_\_
3. Net Leasing Area\* \_\_\_\_\_ Sq. Ft.                      6. Number of Parking Spaces \_\_\_\_\_
- \*Including owner occupied space, if any.
4. Owner Occupied Area (If Any) \_\_\_\_\_ Sq. Ft.                      7. Year Built \_\_\_\_\_
8. Year Remodeled \_\_\_\_\_

### ACTUAL INCOME (2012 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 (2012 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. Amortization \$ \_\_\_\_\_

**FAILURE TO FILE BEFORE JUNE 1, 2013 WILL RESULT IN A 10% ASSESSMENT PENALTY.**

**SCHEDULE A - 2012 APARTMENT RENT SCHEDULE**

| Unit Type              | No. of Units |        | Room Count |         | Unit Size<br>Sq. Ft. | Monthly Rent |       | Typical<br>Lease Term | Building Features Included in Rent<br>(Please Check All that Apply) |
|------------------------|--------------|--------|------------|---------|----------------------|--------------|-------|-----------------------|---|
|                        | Total        | Rented | Rooms      | Bath(s) |                      | Per Unit     | Total |                       |   |
| Efficiency             |              |        |            |         |                      |              |       |                       | <input type="checkbox"/> Heat                                       |
| 1-Bedroom              |              |        |            |         |                      |              |       |                       | <input type="checkbox"/> Electricity                                |
| 2-Bedroom              |              |        |            |         |                      |              |       |                       | <input type="checkbox"/> Other Utilities                            |
| 3-Bedroom              |              |        |            |         |                      |              |       |                       | <input type="checkbox"/> Air Conditioning                           |
| 4-Bedroom              |              |        |            |         |                      |              |       |                       | <input type="checkbox"/> Stove/Refrigerator                         |
| Other Rentable Units   |              |        |            |         |                      |              |       |                       | <input type="checkbox"/> Garbage Disposal                           |
| Owner/Manager/Janitor  |              |        |            |         |                      |              |       |                       | <input type="checkbox"/> Dishwasher                                 |
| <b>Subtotal</b>        |              |        |            |         |                      |              |       |                       | <input type="checkbox"/> Pool                                       |
| Garage/Parking         |              |        |            |         |                      |              |       |                       | <input type="checkbox"/> Tennis Courts                              |
| Other Income (Specify) |              |        |            |         |                      |              |       |                       | <input type="checkbox"/> Other Specify _____                        |
| <b>Totals</b>          |              |        |            |         |                      |              |       |                       | <input type="checkbox"/> Other Specify _____                        |

**SCHEDULE B - 2012 LESSEE RENT SCHEDULE (USE FOR ALL EXCEPT APARTMENTS)**

| Name<br>Of<br>Tenant | Location<br>of Leased<br>Space | Type<br>Of<br>Use | Lease Term    |             |                   | Annual Rent  |                     |               |                     | Property Expenses &<br>Utilities Paid<br>By Tenant |
|----------------------|--------------------------------|-------------------|---------------|-------------|-------------------|--------------|---------------------|---------------|---------------------|--|
|                      |                                |                   | Start<br>Date | End<br>Date | Leased<br>Sq. Ft. | Base<br>Rent | Esc/Cam/<br>Overage | Total<br>Rent | Rent Per<br>Sq. Ft. |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |
|                      |                                |                   |               |             |                   |              |                     |               |                     |  |

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**VERIFICATION OF PURCHASE PRICE**

**(COMPLETE VERIFICATION SECTION ONLY IF PROPERTY 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 expense attributable to the above identified property. (Section 12-63c (d) of the Connecticut General Statutes).

Signed: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Owner or Preparer

Print Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

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