

2014 ANNUAL INCOME AND EXPENSE REPORT

Property Location: 995 Sherman Ave

MBLU# _____ - _____ - _____ - _____

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 _____
- 4a. 100% Owner Occupied ____ Y/N (If there is no exchange of rent please sign, date and return) 4b. Name of Owner occupied business: _____

ACTUAL INCOME (2014 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) \$ _____
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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)

ACTUAL EXPENSES (2014 CALENDAR YEAR)

23. Heating/Air Conditioning \$ _____
24. Electricity \$ _____
25. Other Utilities \$ _____
26. Payroll (except management, repairs and decorating) \$ _____
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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 \$ _____

(Enter only if paid by property owner) >

Please be sure to complete all 3 pages.

REPORT MUST BE SUBMITTED TO THE ASSESSOR BY JUNE 1, 2015 OR A 10% ASSESSMENT PENALTY WILL BE APPLIED.

Submission means this form is physically in the Assessor's office by 4:30 on June 1, 2015, faxes, emails and postmarks WILL NOT BE ACCEPTED.

LOCATION _____ **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)

FIRST MORTGAGE	\$ _____	Interest Rate _____ %	Payment Schedule Term _____	Years _____
2ND MORTGAGE	\$ _____	Interest Rate _____ %	Payment Schedule Term _____	Years _____
OTHER	\$ _____	Interest Rate _____ %	Payment Schedule Term _____	Years _____

Fixed	Variable

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ Signature of Owner or Preparer	Phone: (____) _____	
Print Name/Title: _____	Date: _____	

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This Page Must Be Signed and Dated.