

2014 ANNUAL INCOME AND EXPENSE REPORT

Property Location: _____

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) 8. Type of Building _____
- 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) \$ _____
-
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 (2014 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 \$ _____

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.

SCHEDULE A - 2014 APARTMENT RENT SCHEDULE

Property Location: _____

Unit Type	No. of Units		Room Count		Unit Size Sq. Ft.	Monthly Rent		Typical Lease Term	Building Features Included in Rent (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
Subtotal									<input type="checkbox"/> Pool
Garage/Parking									<input type="checkbox"/> Tennis Courts
Other Income (Specify)									<input type="checkbox"/> Other Specify _____
Totals									<input type="checkbox"/> Other Specify _____

SCHEDULE B - 2014 LESSEE RENT SCHEDULE

(USE FOR ALL EXCEPT APARTMENTS)

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

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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 _____

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

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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This Page Must Be Signed and Dated.