



TOWN OF HAMDEN

OFFICE OF THE ASSESSOR

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Ross D. Murray, CCMA II
 Chief Assessor

Rooming/Boarding House Income and Expense Supplement for Calendar Year 2015

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name: _____

Property Address: _____

Form Preparer/Position: _____

Telephone Number: _____

Gross Building Area (GBA): _____ square feet

Rentable Floor Area: _____ square feet

Parking Available: _____ (number of spaces)

Apartment Configuration and Typical Lease Terms

Unit Configuration	Number of Units:		Area (Sq. Ft.)	Typical Rent/Month
	Furnished	Unfurnished		
Efficiency/studio	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
Total Rooms/BRs/Baths:				
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$

Potential Annual Gross Income

Apartment Rent at 100% (including employees' apartment(s)) x 12 months = \$ _____

Other Income (laundry, vending, etc.) \$ _____

Gross Potential Annual Income \$ _____

Indicate which of the following items are included in the rent:

Water & Sewer Electricity Cable TV Heat

Refrigerator Stove/Range Dishwasher

Other (explain): _____

Annual vacancy for 2015: _____ % Current # units vacant: _____

(Multi-family Property Cont'd.)

Vacancy and Collection Loss (annualized): \$ _____

Effective Gross Income (Potential less vacancy) \$ _____

Annual Operating Expenses

Fixed Expenses

Real Estate Taxes \$ _____

Personal Property Taxes \$ _____

Property Insurance \$ _____

Variable Expenses

Repairs and Maintenance \$ _____

Reserves \$ _____

Utilities \$ _____

Security \$ _____

Administrative Costs \$ _____

Management Fee \$ _____

Services \$ _____

Other (explain) \$ _____

Total Operating Expenses: \$ _____

Net Operating Income: \$ _____

Please include your Income Summary, rent roll & typical lease.

Yes No

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If yes, please explain on a separate page and attach any other comments or information which may be helpful in understanding the nature of your property and applicable lease(s).

_____/_____
Signature/Position Date