

Town of Hamden

Annual Income and Expense Report

Commercial/Industrial

Hamden Government Center
2750 Dixwell Ave
Hamden, CT 06518
Tel: (203) 287-7128

PID: _____

THIS FORM MUST BE SUBMITTED TO THE ASSESSOR ON OR BEFORE June 1, 2016 TO AVOID A 10% PENALTY *Submission means this form is physically in the assessor's office by 4:30pm on June 1, 2016. faxes, emails and postmarks WILL NOT BE ACCEPTED.

Property Address:	Mailing Address:
Owner:	City/State/Zip:
1. Primary Property Use: Apartment_____ Office_____ Retail_____ Industrial_____ Mixed Use_____ Other_____	
2. Gross Building Area _____sq. ft. (include owner occupied space)	6. Number of Units _____
3. Net Leasable Area _____sq. ft.	7. Number of Parking Spaces _____
4. Owner Occupied Area _____sq. ft.	8. Actual Year Built _____
5. Common Area _____sq. ft.	9. Year Remodeled _____

INCOME - 2015		EXPENSES - 2015	
10. Apartment Rentals (sched. A)	\$ _____	21. Advertising	\$ _____
11. Office Rentals (sched. B)	\$ _____	22. Cleaning and Maintenance	\$ _____
12. Retail Rentals (sched. B)	\$ _____	23. Commissions/Leasing Fees	\$ _____
13. Industrial Rentals (sched. B)	\$ _____	24. Insurance	\$ _____
14. Mixed Use Rentals (sched. B)	\$ _____	25. Legal & Other Prof. Fees	\$ _____
15. Other Rentals (sched. B)	\$ _____	26. Management Fees	\$ _____
16. Parking Rentals	\$ _____	27. Repairs	\$ _____
17. Other Property Income	\$ _____	28. Supplies	\$ _____
18. Total Potential Income <i>Add lines 10 to 17</i>	\$ _____	29. Utilities	\$ _____
19. Loss due to Vacancy/Credit	\$ _____	30. Security	\$ _____
20. Effective Annual Income <i>Subtract line 19 from line 18</i>	\$ _____	31. Other (Specify)	\$ _____
Sale or Mortgage Verification		32. Other (Specify)	\$ _____
Complete if sold, listed for sale, or mortgaged since 1-1-2015		33. Total Expenses <i>Add lines 21 to 32</i>	\$ _____
Purchase Price \$ _____	Date of Purchase _____	34. Capital Expenses	\$ _____
Approximate vacancy rate at date of sale _____%		35. Mortgage Paid to Banks	\$ _____
Was the sale between related parties? Yes___ No___		36. Other Interest	\$ _____
First Mortgage \$ _____	Int. Rate ___% ___years Other	37. Depreciation	\$ _____
Financing \$ _____	Int. Rate ___% ___years	38. Real Estate Taxes	\$ _____
Asking Price \$ _____	Date Listed _____		

I do hereby declare under penalties of false statement that the foregoing information and that reflected on the attached schedule(s) is, according to the best of my knowledge, remembrance and belief, a complete and true statement of all income and expenses

Signature _____

Date: _____

Printed Name/Title _____

Telephone: _____

The above identified property is: 100% Owner Occupied_____ 100% Leased to a related person, corporation or business entity_____

SCHEDULE A -2015 APARTIKENTRENTSCHEDULE

Complete this Section for Apartment rental activity only.

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	BATHS		UNIT	TOTAL		
Efficiency									<input type="checkbox"/> Heat <input type="checkbox"/> Pool
1 Bedroom									<input type="checkbox"/> Electricity <input type="checkbox"/> Security
2 Bedroom									<input type="checkbox"/> Other Utilities
3 Bedroom									<input type="checkbox"/> Air Conditioning
4 Bedroom									<input type="checkbox"/> Tennis Courts
Other Rentable Units									<input type="checkbox"/> Stove/Refrigerator
Owner/Manager/Janitor Occupied									<input type="checkbox"/> Garbage Disposal
SUBTOTAL									<input type="checkbox"/> Furnished Unit
Garage/Parking									<input type="checkbox"/> Dishwasher
Other Income (Specify)									<input type="checkbox"/> Other(Specify) _____
TOTALS									

SCHEDULE B - 2015 LESSEE RENT SCHEDULE

Complete this section for all other activities EXCEPT Apartment rental.

NAME OF TENANT	LOCATION OF LEASED SPACE	TYPE/USE OF LEASED SPACE	LEASE TERM			ANNUAL RENT				PROPERTY EXPENSES & UTILITIES PAID BY TENANT
			START DATE	END DATE	LEASED SQ. FEET	BASE RENT	ESC/CAM/OVERAGE	TOTAL RENT	RENT PER SQ. FT.	
Other Income (Specify)										
TOTAL										

COPY AND ATTACH ADDITIONAL PAGES IF NEEDED

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