



TOWN OF HAMDEN

OFFICE OF THE ASSESSOR

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Rooming/Boarding House Income and Expense Supplement for Calendar Year 2014

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

Number of Units: _____

Unit Configuration: Indicate (E) for Efficiency or (S) Studio, (TR) Total Rooms, (BR) Bedrooms and (BA) Baths:

E or S / TR / BR / BA	Furnished	Unfurnished	Area (Sq. Ft.)	Typical Rent/Month
/ / /	<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"/>	_____	\$ _____
/ / /	<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): _____

(Rooming/Boarding Property Cont'd.)

Annual vacancy for 2014: _____ % Current # units vacant: _____

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