

2015 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name _____ Property Location _____
 Mailing Address _____
 (If different from front) _____ Property Name _____
 City/State/Zip _____

1 Primary Property Use (Check One)

Apartment
 Office
 Retail
 Mixed Use
 Shopping Ctr.
 Industrial
 Other _____

2 Gross Building Area _____ **Sq. Ft.** **6 Number of Parking Spaces.** _____
 (Including Owner-Occupied Space)
3 Net Leasable Area _____ **Sq. Ft.** **7 Actual Year Built** _____
4 Owner-Occupied Area _____ **Sq. Ft.** **8 Year Remodeled** _____
5 Number Of Units _____

INCOME

9 Apartment Rentals (From Schedule A) _____
10 Office Rentals (From Schedule B) _____
11 Retail Rentals (From Schedule B) _____
12 Mixed Rentals (From Schedule B) _____
13 Shopping Center Rentals (From Schedule B) _____
14 Industrial Rentals (From Schedule B) _____
15 Other Rentals (From Schedule B) _____
16 Parking Rentals _____
17 Other Property Income _____
18 TOTAL POTENTIAL INCOME _____
 (Add Line 9 Through Line 17)
19 Loss Due to Vacancy and Credit _____
20 EFFECTIVE ANNUAL INCOME _____
 (Line 18 Minus Line 19)

EXPENSES

21 Heating/Air Conditioning _____
22 Electricity _____
23 Other Utilities _____
24 Payroll (Except management) _____
25 Supplies _____
26 Management _____
27 Insurance _____
28 Common Area Maintenance _____
29 Leasing Fees / Commissions / Advertising _____
30 Legal and Accounting _____
31 Elevator Maintenance _____
32 Tenant Improvements _____
33 General Repairs _____
34 Other (Specify) _____
35 Other (Specify) _____
36 Other (Specify) _____
37 Security _____
38 TOTAL EXPENSES (Add Lines 21 Through 37) _____
39 NET OPERATING INCOME (Line 20 Minus Line 38) _____
40 Capital Expenses _____
41 Real Estate Taxes _____
42 Mortgage Payment (Principal and Interest) _____

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2016

SCHEDULE A - 2015 APARTMENT RENT SCHEDULE

Complete this Section for Apartment Rental activity only.

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE	MONTHLY RENT		TYPICAL
	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	PER UNIT	TOTAL	LEASE TERM
EFFICIENCY								
1 BEDROOM								
2 BEDROOM								
3 BEDROOM								
4 BEDROOM								
OTHER RENTABLE UNITS								
OWNER/MANAGER/JANITOR OCCUPIED								
SUBTOTAL								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
TOTALS								

BUILDING FEATURES INCLUDED IN RENT

(Please Check All That Apply)

- Heat
- Electricity
- Other Utilities
- Air Conditioning
- Stove/Refrigerator
- Dishwasher
- Garbage Disposal
- Other Specify _____
- Furnished Unit
- Security
- Pool
- Tennis Courts
- Parking

SCHEDULE B - 2015 LESSEE SCHEDULE

Complete this Section for all other rental activities except apartment rental.

NAME OF TENANT	LOCATION OF SPACE	LEASE TERM			ANNUAL RENT				PARKING		INTERIOR FINISH			
		START	END	SQ.FT	BASE	ESC/CAM OVERAGE	TOTAL	TOTAL PER SQ. FT.	NO. OF SPACES	ANNUAL RENT	OWNER	TENANT	COST	
TOTALS														

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

VERIFICATION OF PURCHASE PRICE

PURCHASE PRICE \$ _____ DOWN PAYMENT \$ _____ DATE OF PURCHASE _____
 DATE OF LAST APPRAISAL _____ APPRAISAL FIRM _____ APPRAISED VALUE _____

FIRST MORTGAGE \$ _____ INTEREST RATE _____% PAYMENT SCHEDULE TERM _____ YEARS
 SECOND MORTGAGE \$ _____ INTEREST RATE _____% PAYMENT SCHEDULE TERM _____ YEARS
 OTHER \$ _____ INTEREST RATE _____% PAYMENT SCHEDULE TERM _____ YEARS
 CHATTEL MORTGAGE \$ _____ 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)

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE? (Check One) YES NO

IF YES, LIST THE ASKING PRICE \$ _____ DATE LISTED _____ BROKER _____

Remarks - Please explain any special circumstances or reasons concerning your purchase (i.e., vacancy, conditions of sale, etc.) _____

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 EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY (Section 12-63c(d) of the Connecticut General Statutes).

SIGNATURE _____ NAME (Print) _____ DATE _____
 TITLE _____ TELEPHONE _____

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