

2020 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

1 **Primary Property Use** (Check One)

Apartment
 Office
 Retail
 Mixed Use
 Shopping Ctr.
 Industrial
 Other _____

2 Gross Building Area

(Including Owner-Occupied Space)

Sq. Ft.

6 Number of Parking Spaces

3 Net Leasable Area

Sq. Ft.

7 Actual Year Built

4 Owner-Occupied Area

Sq. Ft.

8 Year Remodeled

5 Number Of Units

INCOME

EXPENSES

Owner Pays ?	Tenant Pays?
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9 Apartment Rentals (From Schedule A)

21 Heating/Air Conditioning

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10 Office Rentals (From Schedule B)

22 Electricity

--	--	--

11 Retail Rentals (From Schedule B)

23 Other Utilities

--	--	--

12 Mixed Rentals (From Schedule B)

24 Payroll (Except management)

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13 Shopping Center Rentals (From Schedule B)

25 Supplies

--	--	--

14 Industrial Rentals (From Schedule B)

26 Management

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15 Other Rentals (From Schedule B)

27 Insurance

--	--	--

16 Parking Rentals

28 Common Area Maintenance

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17 Other Property Income

29 Leasing Fees / Commissions / Advertising

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18 **TOTAL POTENTIAL INCOME**

(Add Line 9 Through Line 17)

30 Legal and Accounting

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19 Loss Due to Vacancy and Credit

31 Elevator Maintenance

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20 **EFFECTIVE ANNUAL INCOME**

(Line 18 Minus Line 19)

32 Tenant Improvements

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33 General Repairs

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34 Other (Specify) _____

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35 Other (Specify) _____

--	--	--

36 Other (Specify) _____

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37 Security

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38 **TOTAL EXPENSES** (Add Lines 21 Through 37)

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39 **NET OPERATING INCOME** (Line 20 Minus Line 38)

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40 Capital Expenses

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41 Real Estate Taxes

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42 Mortgage Payment (Principal and Interest)

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RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2021

SCHEDULE A - 2020 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)

- | | |
|--|---|
| <input type="checkbox"/> Heat | <input type="checkbox"/> Furnished Unit |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Security |
| <input type="checkbox"/> Other Utilities | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Stove/Refrigerator | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Dishwasher | |
| <input type="checkbox"/> Garbage Disposal | |
| <input type="checkbox"/> Other Specify _____ | |

SCHEDULE B - 2020 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

INCOME AND EXPENSE VERIFICATION

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

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 _____

Sales Verification

(ONLY FILL OUT IF PURCHASED WITHIN LAST 3 YRS)

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

(Check one)

FIRST MORTGAGE \$ _____ INTERSTE RATE ____% PAYMENT SCHEDULE TERM _____ YEARS
 SECOND MORTGAGE \$ _____ INTERSTE RATE ____% PAYMENT SCHEDULE TERM _____ YEARS
 OTHER \$ _____ INTERSTE RATE ____% PAYMENT SCHEDULE TERM _____ YEARS
 CHATTEL MORTGAGE \$ _____ INTERSTE RATE ____% PAYMENT SCHEDULE TERM _____ YEARS

(Check one)	
FIXED	VARIABLE

DID THE PURCHASE PRICE INCLUDE PAYMENT FOR: FURNITURE? \$ _____ (Value) EQUIPMENT? \$ _____ (Value) OTHER? (Specify Below) \$ _____ (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 curcumstances or reasons concerning your purchase (i.e., vacancy, conditions of sale, etc.)
