

2020 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

100% OWNER OCCUPIED
Place a check in the box and sign below

Owner _____ Account Number _____
 Mailing Address _____ Property Address _____
 City/State/Zip _____ Parcel ID _____

1. Primary use of Property (*Circle One*) A. Apartment B. Office C. Retail D. Mixed Use E. Shopping Center F. Industrial G. Other _____
 2. Gross Building Area (Inc. Owner-Occupied Space) _____ SF 5. Number of Units _____
 3. Net Leasable Area _____ SF 6. Building Age (Year) _____
 4. Owner Occupied Area _____ SF 7. Year Remodeled (Year(s)) _____

INCOME

- 8. Apartment Rentals (Attach Schedule A) _____
- 9. Office Rental (Attach Schedule B) _____
- 10. Retail Rental (Attach Schedule B) _____
- 11. Mixed Rentals (Attach Schedule B) _____
- 12. Shopping Center Rentals (Attach Schedule B) _____
- 13. Indst./Whse./Garage Rentals (Attach Schedule B) _____
- 14. Other Rentals (Attach Schedule B) _____
- 15. Parking Rentals/Billboards/Cell Towers _____
- 16. Other Property Income _____
- 17. **Total Potential Income** (Add Line 8 thru Line 16) _____
- 18. Loss Due to Vacancy and Bad Debt _____
- 19. **Effective Annual Income** (Line 17 minus Line 18) _____
- 20. Expense Reimbursements _____
- 21. Effective Gross Income (Line 19 + 20) _____

EXPENSES

- 22. Management _____
- 23. Legal/Accounting _____
- 24. Fire/Liability Insurance _____
- 25. Leasing Fees/Commissions/Advertising _____
- 26. Payroll (Except mgr, repairs and decorating) _____
- 27. Electricity _____
- 28. Heating/Air Conditioning _____
- 29. Other Utilities (Specify) _____
- 30. Supplies (Janitorial, Etc.) _____
- 31. Common Area Maintenance _____
- 32. Maintenance & Repairs _____
- 33. Elevator Maintenance _____
- 34. Snow/Trash Removal _____
- 35. Security _____
- 36. Other (Specify) _____
- 37. _____

AFFIDAVIT:
 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)

38. **Total Expenses** (Add Line 22 thru Line 37) _____

39. **Net Operating Income** (Line 21 minus Line 38) _____

40. Capital Expenditures _____

41. Real Estate Taxes _____

42. Mortgage Payments (Principal & Interest) _____

Signature _____
 Name (Print) _____

Date _____
 Title _____

Phone # _____

SCHEDULE A.

Complete this section for apartment rental activity only.

2020

Unit Type	No. of Units		Room Count			Unit Size		Monthly Rent		Typical Lease Term
	Total	Rented	Rooms	Baths	Sq. Ft.	Per Unit	Total			
Efficiency										
1 Bedroom										
2 Bedroom										
3 Bedroom										
4 Bedroom										
Other Rental Units										
Owner/Manager/Janitor Occupied										
Subtotal										
Garage/Parking										
Other Income (Specify)										
Totals										

Building Features Included in Rent
(Please Check all that applies)

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

SCHEDULE B.

Complete this section for all rental activities, except apartment rental. Include Office Buildings, Retail Stores, Shopping Centers, Mixed-Use Properties, Industrial and Warehouse properties.

Name of Tenant	Loc. of Space	Lease Term				Annual Rent				Parking	Interior Finish										
		Begin	End	Sq.Ft.	Base	Esc/CAM/Overage	Total	Total/Sq.Ft.	# of Spaces		Annual Rent	Own.	Ten.	Cost							

Verification of Purchase Price

Complete this section ONLY if you have purchased this property within the last three (3) years.

2020

Purchase Price _____	Down Payment _____	Date of Purchase _____										
First Mortgage _____	Interest Rate (%) _____	<table border="1" style="margin: auto;"> <tr><th colspan="2">(Check One)</th></tr> <tr><th>Fixed</th><th>Variable</th></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	(Check One)		Fixed	Variable						
(Check One)												
Fixed	Variable											
Second Mortgage _____	Interest Rate (%) _____											
Other _____	Interest Rate (%) _____											
Chattel Mortgage _____	Interest Rate (%) _____	Payment Schedule Term (Years) _____										

Did the purchase price include a payment for: Furniture? _____ (Declared Value) _____ Equipment? _____ (Declared Value) _____

Has the property been listed for sale since your purchase? Asking Price _____ Date Listed _____ Broker _____

Remarks: (Explain Special Circumstances or Reasons for your Purchase) _____

Construction Cost Data	Cost	Year	Dimensions	Comments
Site Improvements				
Buildings				
Additions				
Remodeling				

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Signature _____ Name (Print) _____ Date _____

Title _____ Telephone/Email _____

PLEASE RETURN TO THE ASSESSOR'S OFFICE ON OR BEFORE JUNE 1, 2021