

2019 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name _____ Property Location _____
 Mailing Address _____ Property Name _____
 City/State/Zip _____ Property Manager Name & Phone _____
 Owner's Phone _____

Primary Property Use (Check One) Apartment Office Retail Mixed Use Automotive Industrial Other _____

Gross Building Area _____ Sq. Ft. Has the building been remodeled? _____
 (Including Owner-Occupied Space)
 Net Leasable Area _____ Sq. Ft. What year was this done? _____
 Owner-Occupied Area _____ Sq. Ft. _____
 Number Of Units _____

INCOME

1 Apartment Rent (From Schedule A) _____
 2 Retail, Office + Commercial Rents (From Schedule B) _____
 3 Other Rent _____
 4 Other Property Income _____
6 TOTAL POTENTIAL INCOME (Sum Lines 1 - 4) _____
 5 Vacancy & Collection Loss _____
6 EFFECTIVE ANNUAL INCOME (Line 6 Minus Line 5) _____

EXPENSES

7 Heating/Air Conditioning _____
 8 Electricity _____
 9 Other Utilities (Specify) _____
 10 Payroll (Except management) _____
 11 Supplies _____
 12 Management _____
 13 Insurance _____
 14 Common Area Maintenance _____
 15 Leasing Fees / Commissions / Advertising _____
 16 Legal and Accounting _____
 17 Elevator Maintenance _____
 18 Tenant Improvements _____
 19 General Repairs _____
 20 Other (Specify) _____
 21 Other (Specify) _____
 22 Other (Specify) _____
 23 Security _____
24 TOTAL EXPENSES (Sum Lines 7 - 23) _____
25 NET OPERATING INCOME (Line 6 Minus Line 24) _____
 26 Capital Expenses _____

Signature of Preparer _____
 Name _____
 Date _____
 Phone number of Preparer _____

RETURN TO THE ASSESSOR ON OR BEFORE AUGUST 15, 2020*

* In accordance with Connecticut General Statute 12-63c; Ned Lamont Executive Order 71, Section 15, dated 3/21/2020;
 and Ned Lamont Executive Order 7S, Section 10, dated 4/1/2020.

SCHEDULE A - 2019 Calendar Year APARTMENT RENT SCHEDULE

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE	MONTHLY RENT	TYPICAL
	TOTAL	ROOMS	BATHS	SQ. FT.	SQ. FT.	RENT	LEASE TERM
EFFICIENCY							
1 BEDROOM							
2 BEDROOM							
3 BEDROOM							
4 BEDROOM							
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 (list)	<input type="checkbox"/> Cable TV

<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> WiFi
<input type="checkbox"/> Stove/Refrigerator	<input type="checkbox"/> Common Laundry
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> In Unit Washer + Dryer
<input type="checkbox"/> Other Features (list)	
<u>Feature</u>	<u>Additional Rent (monthly)</u>
_____	_____
_____	_____