

PROPERTY DATA

Address: _____

Map/Block/Lot: _____

Account #: _____

1. Indicate property uses by percentage or gross building area. Ex: 50% office, 50% apartments, or 100% retail: 1,000 Sq. Ft. office, 1,000 Sq. Ft. apartments

_____ A. Apartment	_____ B. Office	_____ C. Retail	_____ D. Cell Tower	_____ E. Shopping Center
_____ F. Billboard	G. Restaurant: a. _____ Independent b. _____ Franchise			
H. Industrial: a. _____ Warehouse/Distribution b. _____ Manufacturing c. _____ Hi-Tech/Research/Development d. _____ Multi-Bay				
I. Car Dealership: a. _____ New Cars b. _____ Used Cars				
_____ Finished (office, showroom, retail) _____ Service/Shop _____ Warehouse/Storage				
J. Auto Service Station: _____ Gasoline Service Station _____ Retail _____ Repair				
_____ K. Mini-warehouse: Use Schedule B. Instead of listing tenants, list Unit Type. Ex. Type 1: Climate Controlled, 10 Units				

- | | |
|--|-----------------------------------|
| 2. Number of Buildings _____ | 8. Number of Parking Spaces _____ |
| 3. Gross Building Area _____ Sq. Ft.
(Including Owner-Occupied Space) | 9. Actual Year Built _____ |
| 4. Net Leasable Area _____ Sq. Ft. | 10. Year Remodeled _____ |
| 5. Owner-Occupied Area _____ Sq. Ft. | 11. Cost to Remodel _____ |
| 6. No. of Units _____ | |
| 7. Current Number of Vacant Units _____ | |

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 SQ. FT	MONTHLY RENT		TYPICAL LEASE TERM
	TOTAL	RENTED	ROOMS	BATHS		PER UNIT	TOTAL	
EFFICIENCY								
1 BEDROOM								
2 BEDROOM								
3 BEDROOM								
4 BEDROOM								
OTHER RENTABLE UNITS								
OWNER/MANAGER/JANITOR OCCUPIED								
SUBTOTAL								
GARAGE/PARKING								
OTHER INCOME (LAUNDRY, VENDING ETC.)								
TOTALS								

APARTMENT BUILDING FEATURES INCLUDED IN RENT
(Please Check All That Apply)

- Heat
- Electricity
- Other Utilities
- Air Conditioning
- Tennis Courts
- Stove/Refrigerator
- Water and Sewer
- Other Specify _____
- Garbage Disposal
- Furnished Unit
- Security
- Pool
- Dishwasher
- Cable TV

SCHEDULE B - 2015 LESSEE RENT SCHEDULE

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

NAME OF TENANT	LOCATION OF LEASED SPACE	TYPE/USE OF LEASED SPACE	LEASE TERM			ANNUAL RENT			
			START DATE	END DATE	LEASED SQ. FT.	BASE RENT	ESC/CAM/OVERAGE	TOTAL RENT	RENT PER SQ. FT.
TOTAL									

ANNUAL INCOME - 2015

- 11. Schedule A Rentals _____
- 12. Schedule B Rentals _____
- 13. Other Property Income _____
- 14. **TOTAL POTENTIAL INCOME** _____
(Add Line 11 Through Line 13)
- 15. Loss Due to Vacancy and Credit _____
- 16. **EFFECTIVE ANNUAL INCOME** _____
(Line 14 Minus Line 15)

ANNUAL EXPENSES – 2015

- | | PAID BY | |
|---|---------|--------|
| | OWNER | TENANT |
| 17. Heating/Air Conditioning | _____ | _____ |
| 18. Electricity | _____ | _____ |
| 19. Other Utilities | _____ | _____ |
| 20. Payroll (Except management, repair & decorating) | _____ | _____ |
| 21. Supplies | _____ | _____ |
| 22. Management | _____ | _____ |
| 23. Insurance | _____ | _____ |
| 24. Common Area Maintenance | _____ | _____ |
| 25. Leasing Fees/Commissions/Advertising | _____ | _____ |
| 26. Legal and Accounting | _____ | _____ |
| 27. Elevator Maintenance | _____ | _____ |
| 28. Security | _____ | _____ |
| 29. Other (Specify) _____ | _____ | _____ |
| 30. Other (Specify) _____ | _____ | _____ |
| 31. Other (Specify) _____ | _____ | _____ |
| 32. TOTAL EXPENSES (Add Lines 17 Through 31) | _____ | _____ |
| 33. NET OPERATING INCOME (Line 16 Minus Line 32) | _____ | _____ |
| 34. Who pays Real Estate taxes? | _____ | _____ |
| 35. Who pays Personal Property taxes? | _____ | _____ |

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If so, please explain on a separate page and attach any other comments or information which maybe helpful in understanding the nature of your property and applicable lease(s).

Please include a copy of a typical lease.

Form Preparer (print)	Position
Telephone Number	Date

VERIFICATION OF PURCHASE PRICE

(Complete if the property was acquired on or after January 1, 2013)

PURCHASE PRICE \$ _____ DOWN PAYMENT \$ _____ DATE OF PURCHASE _____

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

WAS THE SALE BETWEEN RELATED PARTIES? (CIRCLE ONE): YES NO APPROXIMATE VACANCY AT DATE OF PURCHASE _____%

WAS AN APPRAISAL USED IN THE PURCHASE OR FINANCING? (CIRCLE ONE): YES NO APPRAISED VALUE /NAME OF APPRAISER _____

PROPERTY CURRENTLY LISTED FOR SALE OR RENT? (CIRCLE ONE) YES NO
IF YES, LIST THE ASKING PRICE OR RENT \$ _____ 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 _____

Return to the Assessor on or Before June 1, 2016