



2015 INCOME AND EXPENSE STATEMENT

The information filed and furnished with this report will remain confidential and is not open to public inspection. Any information related to the actual rental and operating expenses shall not be a public record and is not subject to the provisions of Section 1-19 (Freedom of Information) of the Connecticut General Statutes.

Connecticut General Statutes 12-63c requires all owners of rental real property to annually file this report by June 1. Any owner of rental real property who fails to file this form or files an incomplete or false form with intent to defraud, shall be subject to a penalty assessment equal to a Ten Percent (10%) increase in the assessed value of such property.

FILING INSTRUCTIONS: Complete this form for all rented or leased commercial, retail, industrial or combination property. Identify the property and address. **Provide Annual information for the calendar year 2015.** **ESC/CAM/OVERAGE:** (Check if applicable). **ESCALATION:** Amount, in dollars, of adjustment to base rent either pre-set or tied to the inflation index. **CAM:** Income received from common area charges to tenant for common area maintenance, or other income received for the common area property. **OVERAGE:** Additional fee of rental income. This is usually based on a percent of sales or income. **PARKING:** Indicate number of parking spaces and annual rent for each tenant, include spaces or areas leased or rented to a tenant as a concession. **SPACES RENTED TWICE:** Those rented for daylight hours to one tenant and evening hours to another should be reported under each tenant's name. **OPTION PROVISIONS/BASE RENT INCREASE:** Indicate the percentage or increment and time period. **INTERIOR FINISH:** Indicate whether completed by the owner or the tenant and the cost. Complete **VERIFICATION OF PURCHASE PRICE** information.

PROVIDE ANNUAL INFORMATION FOR THE CALENDAR YEAR 2015.

WHO SHOULD FILE: All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. All properties that are rented or leased, including commercial, retail, industrial and residential properties, except "*such property used for residential purposes, containing not more than six dwelling units and in which the owner resides*" must complete this form. If a non-residential property is partially rented and partially owner-occupied this report must be filed. If you have any questions, please call the Assessor's Office.

OWNER OCCUPIED PROPERTIES: If your property is 100% owner-occupied, please report only the income or expense items associated with occupancy of the building and land. Income and expense relating to your business should not be reported.

HOW TO FILE: Each summary page should reflect information for a single property for the year 2015. *If you own more than one rental property, a separate report/form must be filed for each property in this jurisdiction.* An income and expense report summary page and the appropriate income schedule must be completed for each rental property. Income Schedule A must be filed for apartment rental property and Schedule B must be filed for all other rental properties. A computer printout is acceptable for Schedule A and B, if all the required information is provided.

RETURN TO THE ASSESSOR'S OFFICE ON OR BEFORE JUNE 1, 2016

MAIL OR HAND-DELIVER THE REPORT TO:

Memorial Town Hall, Assessor's Office, 18 Church Street, North Haven, CT 06473

2015 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name _____

Mailing Address _____
(if different from front)

Property Address _____

City/State/Zip _____

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

9 Apartment Rentals (From Schedule A)

21 Heating/Air Conditioning

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)

13 Shopping Center Rentals (From Schedule B)

25 Supplies

14 Industrial Rentals (From Schedule B)

26 Management

15 Other Rentals (From Schedule B)

27 Insurance

16 Parking Rentals

28 Common Area Maintenance

17 Other Property Income

29 Leasing Fees / Commissions / Advertising

18 TOTAL POTENTIAL INCOME

(Add Line 9 Through Line 17)

30 Legal and Accounting

31 Elevator Maintenance

19 Loss Due to Vacancy and Credit

32 Tenant Improvements

20 EFFECTIVE ANNUAL INCOME

(Line 18 Minus Line 19)

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)

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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)

- | | |
|--|---|
| <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 - 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 |
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| 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 _____

| | | | (Check One) | | | |
|------------------|----------|----------------------|-----------------------------|----------|--|--|
| | | | FIXED | VARIABLE | | |
| 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 | | |

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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