

Town of Deep River Assessor's Office

Office Property

Income and Expense Survey for Calendar Year 2017

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Due on or before June 1, 2018

Property Owner _____

Property Name (if applicable) _____

Property Address _____

Form Preparer/Position _____

Telephone Number _____

General Description Information

(Please check applicable category and complete the related questions.)

Property is totally owner-occupied	<input type="checkbox"/>	Occupied Area	_____ Sq. Ft.
Property is owner-occupied with tenants	<input type="checkbox"/>	Owner-Occupied Area	_____ Sq. Ft.
	<input type="checkbox"/>	Tenant-occupied Area	_____ Sq. Ft.
	<input type="checkbox"/>	Vacant Area	_____ Sq. Ft.
	<input type="checkbox"/>	Total Building Area	_____ Sq. Ft.
Property is fully leased	<input type="checkbox"/>	Gross Leaseable Area ¹ (GLA)	_____ Sq. Ft.
		Gross Building Area	_____ Sq. Ft.
Property is:			
Vacant	<input type="checkbox"/>	Vacant Building Area	_____ Sq. Ft.
Available for Sale	<input type="checkbox"/>	Asking/List Price	\$ _____
Available for Rent	<input type="checkbox"/>	Asking Rent	\$ _____
Holding for Future Use	<input type="checkbox"/>		

Please describe:

Parking Available: _____ (number of spaces)

¹ Total floor area designed for tenants' exclusive use for which tenants pay rent and which produces income

(Office Property Cont'd.)

Annual Operating Receipts

Base Rental Income – minimum \$ _____
Furnished ☐ Unfurnished ☐

Additional Rental Incomes – overages \$ _____

Total Rent: \$ _____

Other Income:

Common Area Charges \$ _____

Miscellaneous Operating Receipts \$ _____

Vacancy & Collection Loss (annualized): \$ _____

Effective Annual Income \$ _____

NAME OF TENANT	LOCATION OF SPACE	*LEASE TERM			ANNUAL RENT				INTERIOR FINISH		
		*START	*END	*SQ FT	*BASE RENT	*ESC/CAM OVERAGE	*TOTAL	*TOTAL PER/SQ FT	OWNER	TENANT	COST
	BASEMENT, 1 ST FLR; 2 ND FLR, ETC.										

***Must be filled out or form will be returned as incomplete.**

Annual Operating Expenses:

		CAM* Expense	Paid By Landlord	Paid By Tenants
<u>Fixed Expenses</u>				
Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Variable Expenses</u>				
Administrative Expenses	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising/Promotional	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leasing Agent Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lot Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Services	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair & Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Removal	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Operating Expenses \$ _____

Net Operating Income \$ _____
Effective Annual Income minus Total Operating Expenses

_____/_____
Signature/Position Date

Name (print) Telephone

* Common Area Maintenance Costs