

INCOME & EXPENSE DATA WORKSHEET INSTRUCTIONS FOR THE 2021 BURLINGTON REASSESSMENT PROJECT

Enter 2018

Enter Property Address

Annual Income and Expense Statement for the year ending: _____ PROPERTY ADDRESS: _____

PROPERTY USE (check all that apply): Apartment Office Retail Mixed Use Shopping Center Industrial Other _____

CHECK HERE IF ANY PART OF THIS PROPERTY IS OWNER OCCUPIED: It is critical to check this box if you are using all or part of the property yourself

1. Total gross building area _____ Sq. Ft. Enter Net Sq Ft excluding common areas
- (Including owner-occupied space)
2. Owner-occupied area _____ Sq. Ft.
3. Net Leasable area _____ Sq. Ft.
4. Number of rental units, including owner-occupied _____ Sq. Ft.
5. Number of parking spaces _____
6. Actual Year Built, if known _____
7. Year Remodeled _____

ACTUAL GROSS INCOME *

9. Apartment Rents (From Schedule A) _____
10. Office Rents (From Schedule B) _____
11. Retail Rents (From Schedule B) _____
12. Mixed Rents (From Schedule B) _____
13. Shopping Center Rents (From Schedule B) _____
14. Industrial Rents (From Schedule B) _____
15. Other Rents (From Schedule B) _____
16. Parking Rents _____
17. Other Misc income (e.g. CAM, INS or TAX Reimbursement) _____
18. **TOTAL ACTUAL GROSS INCOME =** _____
19. Less, losses from vacancy and credit collection _____
20. **EFFECTIVE GROSS ANNUAL INCOME =** _____

* Do not include estimates for vacancies

This is how much income your property would rent for if fully occupied and leased

Subtract Line 19 from Line 18: Typically, this amount would match income reported on IRS Form 8825 or Schedule E

Enter all losses due to vacancy and credit

LESS, ACTUAL EXPENSES

21. Heating fuel _____
22. Gas and electricity _____
23. Water and sewer _____
24. Other utilities _____
25. Payroll (do not include management) _____
26. Supplies _____
27. Management _____
28. Insurance _____
29. Common Area Maintenance _____
30. Leasing Fees/Commissions/Advertising _____
31. Legal and Accounting _____
32. Elevator maintenance _____
33. Tenant improvements _____
34. General repairs _____
35. Other (specify) _____
36. Other (specify) _____
37. Other (specify) _____
38. Reserves _____
39. Security _____
40. **TOTAL ACTUAL EXPENSES =** _____
41. **NET OPERATING INCOME =** _____

DO NOT INCLUDE TAXES, DEPRECIATION OR MORTGAGE PAYMENTS AS AN EXPENSE

Subtract Line 40 from Line 20

PROPERTY ADDRESS: _____

SCHEDULE A - APARTMENT RENT SCHEDULE

Unit Type	No. Of Units			Unit Size Sq. Ft.	Monthly Rent		Typical Lease Term
	Total	Rented	Rooms		Baths	Per Unit	
Efficiency							
1 Bedroom							
2 Bedroom							
3 Bedroom							
4 Bedroom							
Other rentable units							
Owner/manager occupied							
Subtotal							
Parking							
Other income (specify)							
TOTAL							

Apartment Income is reported on a Monthly Basis

~ Complete this section for apartment rentals only ~

ITEMS INCLUDED IN RENT

(Check all that apply)

- Heat
- Electricity
- Other utilities
- Air conditioning
- Stove/Refrigerator
- Dishwasher
- Other (specify):
- Furnishings
- Security
- Pool
- Tennis courts
- Parking
- Garbage disposal

Non-Apartment Income is reported on a monthly and annual basis

~ Complete this section for all other rentals ~

SCHEDULE B - OTHER NON-APARTMENT RENT SCHEDULE

Tenant Name	Floor Location	Lease Terms		Annual Rent		Parking		Interior Finish											
		Start Date	End Date	Sq. Ft. Rented	Base Mthly Rent \$	Escal/CAM/Overage	Total Rent \$	# of Spaces	Annual Rent \$	Owner Provided	Tenant Provided	If Owner Provided, \$ Cost to Fit Up/Renovate							
TOTAL																			

Total Annual Rent includes and CAM, Taxes, Insurance, Escalations and/or Percentage Rent

Check Box(es) if tenant and/or owner provided fit up for leased space

Indicate the dollar amount of fit up costs