

**INCOME & EXPENSE DATA WORKSHEET FOR THE 2021 BURLINGTON  
PROPERTY**

**\* 2019 CALENDAR YEAR & 1ST 6 MONTHS OF 2020**

**REASSESSMENT PROJECT**

PROPERTY USE (check all that apply):

PROPERTY ADDRESS: \_\_\_\_\_

- Apartment  
  Office  
  Retail  
  Mixed Use  
  Shopping Center  
  Industrial  
  Other \_\_\_\_\_

CHECK HERE IF ANY PART OF THIS PROPERTY IS OWNER OCCUPIED:

- |  |       |         |  |       |
|--|-------|---------|--|-------|
| 1. Total gross building area<br>(Including owner-occupied space) | _____ | Sq. Ft. | 5. Number of parking spaces            | _____ |
| 2. Owner-occupied area   | _____ | Sq. Ft. | 6. Actual Year Built, if known         | _____ |
| 3. Net Leasable area   | _____ | Sq. Ft. | 7. Year Remodeled                      | _____ |
| 4. Number of rental units, including owner-occupied              | _____ |         | 8. Vacant Leaseable Area Sqft for 2020 | _____ |

ACTUAL GROSS INCOME		2019	2020 6 MTHS	LESS, ACTUAL EXPENSES		2019	2020
9. Apartment Rents (From Schedule A)		_____	_____	21. Heating fuel		_____	_____
10. Office Rents (From Schedule B)		_____	_____	22. Gas and electricity		_____	_____
11. Retail Rents (From Schedule B)		_____	_____	23. Water and sewer		_____	_____
12. Mixed Rents (From Schedule B)		_____	_____	24. Other utilities		_____	_____
13. Shopping Center Rents (From Schedule B)		_____	_____	25. Payroll (do not include management)		_____	_____
14. Industrial Rents (From Schedule B)		_____	_____	26. Supplies		_____	_____
15. Other Rents (From Schedule B)		_____	_____	27. Management		_____	_____
16. Parking Rents		_____	_____	28. Insurance		_____	_____
17. Other Misc income (e.g. CAM, INS or TAX Reimbursement)		_____	_____	29. Common Area Maintenance		_____	_____
18. TOTAL ACTUAL GROSS INCOME =		_____	_____	30. Leasing Fees/Commissions/Advertising		_____	_____
19. Less, losses from vacancy and credit collection		_____	_____	31. Legal and Accounting		_____	_____
20. EFFECTIVE GROSS ANNUAL INCOME =		_____	_____	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 =		_____	_____

What has been the financial impact of COVID-19 on your commercial real estate?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Return by email: [burlingtoncommercial@outlook.com](mailto:burlingtoncommercial@outlook.com)

Return Address:  
 Assessor's Office  
 149 Church St.  
 Burlington, VT 05401

Parcel ID: \_\_\_\_\_ Property Location: \_\_\_\_\_

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

**\*\* COMPLETE THIS SECTION WITH 2019 FINANCIAL DATA ONLY\*\***

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	Total	
Efficiency								
1 Bedroom								
2 Bedroom								
3 Bedroom								
4 Bedroom								
Other rentable units								
Owner/manager occupied								
Subtotal								
Parking								
Other income (specify)								
<b>TOTAL</b>								

~ Complete this section for apartment rentals only ~

**ITEMS INCLUDED IN RENT**

(Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Heat                   | <input type="checkbox"/> Furnishings      |
| <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 - OTHER NON-APARTMENT RENT SCHEDULE**

~ Complete this section for all other rental areas, except for apartments ~

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
<b>TOTAL</b>												

Parcel ID: \_\_\_\_\_ Property Location: \_\_\_\_\_

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

# PURCHASE PRICE VERIFICATION

~ Complete this section if the property was purchased within the last 10 years ~  
~ ALL OWNERS MUST SIGN AND DATE THE ATTESTION BELOW ~

Purchase Price \$ \_\_\_\_\_ Down Payment: \$ \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 Selling Broker: \_\_\_\_\_ Broker Telephone#: \_\_\_\_\_  
 Date of Last Appraisal: \_\_\_\_\_ Appraisal Firm: \_\_\_\_\_ Appraised Value: \$ \_\_\_\_\_

First Mortgage: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Payment Schedule Term: \_\_\_\_\_ Years  Fixed  Variable

Did the purchase price include monies allocated for: Furniture? \$ \_\_\_\_\_ Equipment? \$ \_\_\_\_\_ Other? \$ \_\_\_\_\_

PROPERTY CONDITION: \_\_\_\_\_

ESTIMATE OF REPAIRS NEEDED AT THE TIME OF SALE: \$ \_\_\_\_\_

Has the property been listed for sale since your purchase?  Yes  No

If yes, provide list price: \$ \_\_\_\_\_ Date listed: \_\_\_\_\_ Listing broker: \_\_\_\_\_ Broker's Telephone#: \_\_\_\_\_

COMMENTS: Please explain any special circumstances, or extraordinary factors that affected the purchase price, e.g., vacancy, seller motivation, conditions of sale, property condition, favorable seller financing, etc. Use this area for any other helpful information or comments.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ATTESTATION:**

I DO HEREBY DECLARE THAT THE FOREGOING INFORMATION, ACCORDING TO THE BEST OF MY KNOWLEDGE, MEMORY AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY.

Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Property Location: \_\_\_\_\_

**INCOME & EXPENSE DATA WORKSHEET FOR THE 2021 BURLINGTON PROPERTY  
REASSESSMENT PROJECT**

**\* 2019 CALENDAR YEAR & 1ST 6 MONTHS OF 2020**

Enter Property Address 1

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 2

Enter NET SqFt excluding common areas 3

1. Total gross building area (Including owner-occupied space) \_\_\_\_\_ Sq. Ft.

2. Owner-occupied area \_\_\_\_\_ Sq. Ft.

3. Net Leasable area \_\_\_\_\_ Sq. Ft.

4. Number of rental units, including owner-occupied \_\_\_\_\_

5. Number of parking spaces \_\_\_\_\_

6. Actual Year Built, if known \_\_\_\_\_

7. Year Remodeled \_\_\_\_\_

8. Vacant Leaseable Area Sqft for 2020 \_\_\_\_\_

	2019	2020 6 MTHS	<b>LESS, ACTUAL EXPENSES</b>	2019	2020
<b>ACTUAL GROSS INCOME</b>					
9. Apartment Rents (From Schedule A)	_____	_____	21. Heating fuel	_____	_____
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What has been the financial impact of COVID-19 on your commercial real estate?	_____	_____	33. Tenant improvements	_____	_____
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_____	_____	_____	36. Other (specify) _____	_____	_____
_____	_____	_____	37. Other (specify) _____	_____	_____
_____	_____	_____	38. Reserves	_____	_____
_____	_____	_____	39. Security	_____	_____
_____	_____	_____	40. TOTAL ACTUAL EXPENSES =	_____	_____
_____	_____	_____	1. NET OPERATING INCOME =	_____	_____
_____	_____	_____		_____	_____

This is how much income your property would rent for if fully occupies and leased 9

Subtract Line 19 from Line 18: Typically, this amount would match income reported on IRS Form 8825 or Schedule E 8

Enter all losses due to vacancy and credit 10

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

Subtract Line 40 from Line 20 11

**Return Address:**  
**Assessor's Office**  
**149 Church St.**  
**Burlington, VT 05401**

Map ID: [PARID] Property Location: [LOCATION]



COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

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 Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_