

2016 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name _____ Property Location _____
 Mailing Address _____
 (if different from front) _____ Property Name _____
 City/State/Zip _____

1 Primary Property Use (Check One)

Apartment
 Office
 Retail
 Mixed Use
 Shopping Ctr.
 Industrial
 Other _____

2 Gross Building Area _____ Sq. Ft. 6 Number of Parking Spaces _____
 (Including Owner-Occupied Space)
 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) _____
 10 Office Rentals (From Schedule B) _____
 11 Retail Rentals (From Schedule B) _____
 12 Mixed Rentals (From Schedule B) _____
 13 Shopping Center Rentals (From Schedule B) _____
 14 Industrial Rentals (From Schedule B) _____
 15 Other Rentals (From Schedule B) _____
 16 Parking Rentals _____
 17 Other Property Income _____
18 TOTAL POTENTIAL INCOME _____
 (Add Line 9 Through Line 17)
 19 Loss Due to Vacancy and Credit _____
20 EFFECTIVE ANNUAL INCOME _____
 (Line 18 Minus Line 19)

21 Heating/Air Conditioning _____
 22 Electricity _____
 23 Other Utilities _____
 24 Payroll (Except management) _____
 25 Supplies _____
 26 Management _____
 27 Insurance _____
 28 Common Area Maintenance _____
 29 Leasing Fees / Commissions / Advertising _____
 30 Legal and Accounting _____
 31 Elevator Maintenance _____
 32 Tenant Improvements _____
 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) _____

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2017

SCHEDULE A - 2016 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)

- Heat
- Electricity
- Other Utilities
- Air Conditioning
- Stove/Refrigerator
- Dishwasher
- Garbage Disposal
- Other Specify _____
- Furnished Unit
- Security
- Pool
- Tennis Courts
- Parking

SCHEDULE B - 2016 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 _____

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

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

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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