

Please Return to: Board of Assessors, 1 Library St. Georgetown, MA 01833

CALENDAR YEAR 2019 RENTAL INCOME AND EXPENSE QUESTIONNAIRE

TOWN OF GEORGETOWN MA

PROPERTY DATA

PROPERTY NAME: _____

PROPERTY ADDRESS: _____

MAP/BLOCK/LOT: _____ VISION ID: _____

- 1. GROSS BLDG. AREA _____ SF
- 2. NET LEASABLE AREA _____ SF
- 3. OWNER OCCUPIED AREA _____ SF
- 4. NO. OF UNITS _____
- 5. BUILDING AGE _____

INCOME

RENTAL DATA

YR 2018

YR 2019

| | | |
|--|-----------------|-----------------|
| 7. Apartment Rentals | \$ _____ | \$ _____ |
| 8. Office Rentals | \$ _____ | \$ _____ |
| 9. Retail Rentals | \$ _____ | \$ _____ |
| 10. Industrial/Warehouse/Garage Rentals | \$ _____ | \$ _____ |
| 11. Room Rentals | \$ _____ | \$ _____ |
| 12. Other Rentals | \$ _____ | \$ _____ |
| 13. Parking Rental | \$ _____ | \$ _____ |
| 14. Total Potential Income (add lines 7 to 13) | \$ _____ | \$ _____ |
| 15. Loss due to Vacancy & Bad Debt | \$ _____ | \$ _____ |
| 16. Effective Annual Income (line 14 minus line 15) | \$ _____ | \$ _____ |
| 17. Expense Reimbursements | \$ _____ | \$ _____ |

EXPENSES

| | | |
|---|-----------------|-----------------|
| 18. Management | \$ _____ | \$ _____ |
| 19. Leasing Fees/Commissions/Advertising | \$ _____ | \$ _____ |
| 20. Legal/Accounting | \$ _____ | \$ _____ |
| 21. Heat/Air Conditioning | \$ _____ | \$ _____ |
| 22. Electricity | \$ _____ | \$ _____ |
| 23. Other Utilities | \$ _____ | \$ _____ |
| 24. Payroll (except mgmt.) | \$ _____ | \$ _____ |
| 25. Supplies(janitorial, etc.) | \$ _____ | \$ _____ |
| 26. Maintenance & Repairs | \$ _____ | \$ _____ |
| 27. Common Area Maintenance | \$ _____ | \$ _____ |
| 28. Elevator Maintenance | \$ _____ | \$ _____ |
| 29. Snow/Trash Removal | \$ _____ | \$ _____ |
| 30. Other (Specify _____) | \$ _____ | \$ _____ |
| 31. Other (Specify _____) | \$ _____ | \$ _____ |
| 32. Fire/Liab. Insurance | \$ _____ | \$ _____ |
| 33. Reserves for Replacement | \$ _____ | \$ _____ |
| 34. Security | \$ _____ | \$ _____ |
| 35. TOTAL EXPENSES (Add lines 18 to 34) | \$ _____ | \$ _____ |
| 36. NET OPERATING INCOME (Line 16 & 17 minus line 35) .. | \$ _____ | \$ _____ |
| 37. Real Estate Taxes | \$ _____ | \$ _____ |

Signed: _____ Date: _____

Signature of Owner or Preparer

Print Name & Title _____

Telephone No: _____ Email: _____

You may substitute or augment this form with more detailed information.

ANNUAL RENTAL DATA

| TENANT'S NAME: | LEASABLE AREA SF | TYPE OF LEASE OR TAW | TERM OF LEASE: FROM: TO: | | ANNUAL BASE RENT | ANNUAL ADDITIONAL PAYMENTS | ANNUAL AVG. VACANCY |
|----------------|------------------|----------------------|-----------------------------|--|------------------|----------------------------|---------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |

MARKET DATA

Purchased Land Only \$ _____ Purchased Land & Bldgs.\$ _____
 Date of Purchase _____ Cash Down Payment \$ _____
 Mortgage \$ _____ Interest Rate _____ % Term/Years _____
 Other Mortgage \$ _____ Interest Rate _____ % Term/Years _____
 Did purchase price include payment for furniture? \$ _____ or Equipment? \$ _____
 Has property been listed for sale since your purchase? (Asking Price) _____ (Date Listed) _____

Remarks (circumstances or reasons for purchase): _____

| COST DATA | COST | YEAR | DIMENSIONS | COMMENTS |
|-------------------|------|------|------------|----------|
| SITE IMPROVEMENTS | \$ | | | |
| BUILDINGS | \$ | | | |
| ADDITIONS | \$ | | | |
| REMODELING | \$ | | | |

| APARTMENTS/MOTEL/NURSING HM/ASST LVG | | | EXPENSE RESPONSIBILITIES | |
|--------------------------------------|-----------|-----------------|--|--------------------------|
| TYPE | NO. UNITS | \$PER MONTH/DAY | TENANT | OWNER |
| EFFICIENCY | _____ | @ _____ | <input type="checkbox"/> CLEANING | <input type="checkbox"/> |
| | _____ | @ _____ | <input type="checkbox"/> RUBBISH REMOVAL | <input type="checkbox"/> |
| | _____ | @ _____ | <input type="checkbox"/> BUILDING MAINT | <input type="checkbox"/> |
| 1 BEDROOM (SINGLE) | _____ | @ _____ | <input type="checkbox"/> PARKING LOT MAINT | <input type="checkbox"/> |
| | _____ | @ _____ | <input type="checkbox"/> INSURANCE | <input type="checkbox"/> |
| | _____ | @ _____ | <input type="checkbox"/> REAL ESTATE TAXES | <input type="checkbox"/> |
| | _____ | @ _____ | <input type="checkbox"/> HEATING | <input type="checkbox"/> |
| 2 BEDROOM (DOUBLE) | _____ | @ _____ | <input type="checkbox"/> AIR CONDITIONING | <input type="checkbox"/> |
| | _____ | @ _____ | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> |
| | _____ | @ _____ | <input type="checkbox"/> WATER | <input type="checkbox"/> |
| | _____ | @ _____ | <input type="checkbox"/> RANGE | <input type="checkbox"/> |
| 3 BEDROOM (TRIPLE) | _____ | @ _____ | <input type="checkbox"/> REFRIGERATOR | <input type="checkbox"/> |
| | _____ | @ _____ | <input type="checkbox"/> DISHWASHER | <input type="checkbox"/> |
| | _____ | @ _____ | <input type="checkbox"/> DISPOSAL | <input type="checkbox"/> |
| | _____ | @ _____ | <input type="checkbox"/> CARPET | <input type="checkbox"/> |
| JANITOR/MANAGER | _____ | @ _____ | <input type="checkbox"/> DRAPES | <input type="checkbox"/> |
| GARAGE/CARPORT | _____ | @ _____ | <input type="checkbox"/> FURNITURE | <input type="checkbox"/> |
| OTHER INCOME | _____ | @ _____ | <input type="checkbox"/> OTHER | <input type="checkbox"/> |
| | | | <input type="checkbox"/> OTHER | <input type="checkbox"/> |