

CALENDAR YEAR 2018 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 2017

YR 2018

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:		ANNUAL BASE RENT	ANNUAL ADDITIONAL PAYMENTS	ANNUAL AVG. VACANCY
			FROM:	TO:			
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"/>