MAYOR, MICHAEL J. DOODY

DEPUTY MAYOR, ROSE MARIE ANGELONI

TOWN MANAGER, MICHAEL T. PAULHUS



COUNCIL MEMBERS ANTHONY S. CANDELORA MARIE E. DIAMOND JOSEPH E. FAUGHNAN GEORGE I. MILLER ALFRED D. ROSE ROBERT VIGLIONE THOMAS ZAMPANO

### 2017 ANNUAL INCOME & EXPENSE REPORT

Mail or Hand-Deliver to:	The Assessor's Office, 909 Foxon Rd, North Branford, CT 06471
Identification #:	Property:

### RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2018

<u>FILING INSTRUCTIONS</u>. The Assessor's Office is preparing for a revaluation of all real property. In order to assess your real property equitably, information regarding the property income and expenses is required. Connecticut General Statute 12-63c requires all owners of rental real property to annually file this report. **The information filed and furnished with this report will remain confidential and is <u>not</u> open to public inspection. Any information related to the actual rental and operating expenses shall <u>not</u> be a public record and is <u>not</u> subject to the provisions of Section 1-19 (Freedom of Information) of the Connecticut General Statutes.** 

## Please complete and return the completed form to the Assessor's Office on or before June 1, 2018.

In accordance with Section 12-63c (d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form or files an incomplete or false form with intent to defraud, shall be subject to a penalty assessment equal to a Ten Percent (10%) increase in the assessed value of such property. In accordance with CGS, Sec 12-63b, as amended, upon determination that there is good cause, the assessor may grant an extension of not more than thirty days to file such information, if the owner of such property files a request for an extension with the assessor not later than May first.

GENERAL INSTRUCTIONS. Complete this form for all rented or leased commercial, retail, industrial or combination property. Identify the property and address. Provide Annual information for the calendar year 2017. ESC/CAM/OVERAGE: (Check if applicable). ESCALATION: Amount, in dollars, of adjustment to base rent either pre-set or tied to the inflation index. CAM: Income received from common area charges to tenant for common area maintenance, or other income received for the common area property. OVERAGE: Additional fee of rental income. This is usually based on a percent of sales or income. PARKING: Indicate number of parking spaces and annual rent for each tenant, include spaces or areas leased or rented to a tenant as a concession. SPACES RENTED TWICE: Those rented for daylight hours to one tenant and evening hours to another should be reported under each tenant's name. OPTION PROVISIONS/BASE RENT INCREASE: Indicate the percentage or increment and time period. INTERIOR FINISH: Indicate whether completed by the owner or the tenant and the cost. Complete VERIFICATION OF PURCHASE PRICE information.

<u>WHO SHOULD FILE.</u> All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. All properties that are rented or leased, including commercial, retail, industrial and residential properties, except "such property used for residential purposes, containing not more than six dwelling units and in which the owner resides" <u>must</u> complete this form. If a non-residential property is partially rented and partially owner-occupied this report <u>must</u> be filed. If you have any questions, please call the Assessor's Office.

<u>OWNER OCCUPIED PROPERTIES.</u> If your property is 100% owner-occupied, please report only the income or expense items associated with occupancy of the building and land. Income and expense relating to your business should <u>not</u> be reported.

<u>HOW TO FILE.</u> Each summary page should reflect information for a single property for the year 2017. If you own more than one rental property, a separate report/form must be filed for each property in this jurisdiction. An income and expense report summary page and the appropriate income schedule must be completed for each rental property. Income Schedule A must be filed for apartment rental property and Schedule B must be filed for all other rental properties. A computer printout is acceptable for Schedule A and B, providing all the required information is provided.

## RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2018

## **2017 Income and Expense Summary**

			Property PID			
Owner's Name:  Mailing Address: (if different from front):		ont):		Map/Block/Parcel Property Location Phone #		
City/	State/Zip:			Signature Owner/Agent		
1	Primary Property	Use (Check One)	Apartment Office Office Other (Explain)	Retail Mixed Use	Shopping Center	Industrial
2 3 4 5	Gross Building A (Including Owner Net Leasable Area Owner Occupied Number of Units	-Occupied Space)	Sq. Ft. Sq. Ft. Sq. Ft.	7 Actual Yea	f Parking Spaces ar Built odeled (if applicable)	
IN	COME * * *	* * * * * * * * * * *	* * * * * * * * * * * * *	* * * * * * * * * * * * * *	* * * * * * * * *	* * * * * * * * *
9 10 11 12 13 14 15 16	Apartment Renta Office Rentals (I Retail Rentals (F Mixed Rentals (I Shopping Center	als (From Schedule A) From Schedule B) From Schedule B From Schedule	dd lines 9 through 17)			
25	Supplies	wianagement)				
26	Management					
27	Insurance					
28	Common Area N	Maintenance				
29		ommissions / Advertising				
30	Legal and Accou	_				
31	Elevator Mainter					
32	Tenant Improver	nents				
33	General Repairs					
34	Other (Specify)					
35	Other (Specify)					
36	Other (Specify)					
37	Security					
	38	Total Expenses (Add Line	es 21 Through 37)			
	39	Net Operating Income (Li	ine 20 Minus Line 38)			
	40	Capital Expenses				
	41	Real Estate Taxes				
	42	Mortgage Payment (Princip	oal and Interest)			

NO OF UNITS		ROOM COUNT		UNIT SIZE MONTHLY RENT			TYPICAL		BUILDINGS FEATURES INCLUI						
	TOTAL	RENTED	ROOMS	BATHS		PER U	NIT	TOTA	L	L	EASE TERM			RE	T
														(Please Check A	all That Apply
														Heat	
														Electricity	
														Air Conditioning	
														Stove / Refrigerator	
its														Dishwasher	
														Garbage Disposal	
otal														Other Utilities	
ing														Other Specify	
		Schedule B	– 2017 Lesse	e Schedule											
	Г	Name of	Location												
		Tenant	Space		Le	ase Term	1			,	Annual l	Rent			Par
				S	Start	End	S	q. Ft.	В	ase	ESC/CAM Overage	Total		Total Per Sq. Ft.	No. of Spaces
		TOTALS													
				COPY AN	D ATTAC	H ADDI	TION	IAT. PAG	CES	AS NI	EEDED				
			·		VRIFICAT						CLDLD				
										CE					
		Property Loc	cation					PID	)						
		Purchase Pri	ice _	\$	Down F	Payment	\$		_		Date of P	urchase			_
		Date of Last	Appraisal _		Apprais	al Firm					Appraised	d Value			_

Property Location: PID: Complete this Section for Apartment Rental activity only

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				
Did the Purchase Price I	Include a Payment for:	Furniture? \$	Value) Equipment? \$ (Value)	Other (Specify) \$				
Has the Property Been I	Listed For Sale Since Yo	ur Purchase?	(Check One) Yes No					
If Yes, List the Asking Price\$ Date Listed Broker								
Remarks – Please explain	in any special circumsta	nces or reasons con-	cerning your purchase (vacancy, conditions of sale, e	cc.)				
	, is a complete and true	statement of all the	oing information, according to the best of my kincome and expenses attributable to the above					
Signature	1	Name (Print)	Date					
Title		Telephone						

# RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2018