



**CITY OF NEW HAVEN
DEPARTMENT OF ASSESSMENT**

165 Church Street
New Haven, CT 06510
Phone: (203) 946-4800
Fax: (203) 946-7122



**2017
ANNUAL INCOME AND
EXPENSE REPORT**

IMPORTANT

COMPLETE AND RETURN THIS FORM TO THE ASSESSOR'S OFFICE ON OR BEFORE **JUNE 1, 2018. FAILURE TO DO SO WILL RESULT IN THE ADDITION OF A 10% ASSESSMENT PENALTY TO YOUR 2018 GRAND LIST ASSESSMENT.**

WHO SHOULD FILE?

- All property owners receiving this form should complete and return it to the Assessor's Office.
- All owners of commercial, retail, industrial, or mixed use properties.
- All owners of residential properties containing 6 or more rental units.
- Properties containing billboard and/or cell tower leases.
- If your property is 100% owner occupied, please indicate such on line 4 of the summary page, and return this form by the above deadline.

HOW TO FILE

- Please read through the enclosed form in its entirety and complete all sections that apply to your property. Be sure to complete all relevant fields within each section. These forms will be reviewed for completeness.
- The data should reflect information for the property during the calendar year 2017.
- If filing for multiple rental properties, a report summary page and the appropriate income and expense schedules should be completed for each rental property.
- You may attach a copy of your Federal Income Tax Return including Schedule E (Form 1040) in lieu of completing the summary section. However, you must also complete the applicable rental schedules (A&B).

MAIL OR HAND DELIVER BY JUNE 1, 2018 TO 165 CHURCH ST, NEW HAVEN, CT 06510

PROPERTY LOCATION: _____

PARCEL ID (MBLU): _____

RECORD MAILING ADDRESS FOR THIS PARCEL:

CITY OF NEW HAVEN DEPARTMENT OF ASSESSMENT

ANNUAL INCOME AND EXPENSE REPORT SUMMARY - 2017 CALENDAR YEAR

OWNER _____
 MAILING ADDRESS _____
 CITY/STATE/ZIP _____

PROPERTY NAME _____
 PROPERTY ADDRESS _____
 PARCEL ID _____

1 PRIMARY USE OF PROPERTY (CIRCLE ONE) (a) apartment (b) office (c) retail (d) mixed use (e) shopping center (f) industrial (g) other _____

2 GROSS BUILDING AREA (INCLUDING OWNER OCCUPIED SPACE) _____ SQ. FT. 6 NUMBER OF PARKING SPACES _____

3 NET LEASABLE AREA _____ SQ. FT. 7 BUILDING AGE (IN YEARS) _____

4 OWNER OCCUPIED _____ SQ. FT. 8 YEAR REMODELED _____

5 NUMBER OF UNITS _____

INCOME - 2017

9 APARTMENT RENTALS (ATTACH SCHEDULE A) _____

10 OFFICE RENTALS (ATTACH SCHEDULE B) _____

11 RETAIL RENTAL (ATTACH SCHEDULE B) _____

12 MIXED USE RENTALS (ATTACH SCHEDULE B) _____

13 SHOPPING CENTER RENTALS (ATTACH SCHEDULE B) _____

14 INDUSTRIAL RENTALS (ATTACH SCHEDULE B) _____

15 OTHER RENTALS (ATTACH SCHEDULE B) _____

16 PARKING RENTAL _____

17 BILLBOARD SITE LEASE _____

18 CELL SITE LEASE _____

19 CAM RECOVERIES _____

20 OTHER PROPERTY INCOME (INCLUDING TAX RECOVERIES) _____

21 TOTAL POTENTIAL INCOME (ADD LINE 9 THROUGH LINE 20) _____

22 LOSS DUE TO VACANCY AND CREDIT _____

23 EFFECTIVE ANNUAL INCOME (LINE 21 MINUS LINE 22) _____

EXPENSES - 2017

24 HEATING/AIR CONDITIONING _____

25 ELECTRICITY _____

26 OTHER UTILITIES _____

27 PAYROLL (EXCL MANAGEMENT AND REPAIRS) _____

28 SUPPLIES _____

29 MANAGEMENT _____

30 INSURANCE _____

31 REPAIR AND MAINTENANCE _____

32 COMMON AREA MAINTENANCE _____

33 LEASING FEES/COMMISSIONS/ADVERTISING _____

34 LEGAL AND ACCOUNTING _____

35 ELEVATOR MAINTENANCE _____

36 OTHER (SPECIFY) _____

37 _____

38 _____

39 _____

40 SECURITY _____

41 TOTAL EXPENSES (ADD LINES 24 THROUGH 40) _____

42 NET OPERATING INCOME (LINE 23 MINUS LINE 41) _____

43 CAPITAL EXPENSES _____

44 REAL ESTATE TAXES _____

45 MORTGAGE PAYMENTS (PRINCIPAL AND INTEREST) _____

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MULTIFAMILY APARTMENT RENTALS - SCHEDULE A

Complete this section for apartment rental activity only.

| UNIT TYPE | # OF UNITS | | ROOM COUNT | | UNIT SIZE | MONTHLY RENT | | LEASE TERM |
|---------------------------|------------|--------|------------|-------|-----------|--------------|-------|------------|
| | TOTAL | RENTED | ROOMS | BATHS | SQ. FT. | PER UNIT | TOTAL | |
| EFFICIENCY | | | | | | | | |
| 1 BEDROOM | | | | | | | | |
| 2 BEDROOMS | | | | | | | | |
| 3 BEDROOMS | | | | | | | | |
| 4 BEDROOMS | | | | | | | | |
| OTHER RENTABLE UNITS | | | | | | | | |
| OWNER/MANAGEMENT OCCUPIED | | | | | | | | |
| SUBTOTAL | | | | | | | | |
| GARAGE/PARKING | | | | | | | | |
| OTHER INCOME (SPECIFY) | | | | | | | | |
| TOTAL | | | | | | | | |

BUILDING FEATURES INCLUDED IN RENT
(PLEASE CHECK ALL THAT APPLY)

| | |
|--|---|
| <input type="checkbox"/> Heat | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Furnished Unit |
| <input type="checkbox"/> Other Utilities | <input type="checkbox"/> Security |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Stove/Refrigerator | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Dishwasher | |
| <input type="checkbox"/> Other (Specify) _____ | |

COMMERCIAL PROPERTIES - SCHEDULE B

Complete this section for all rental activities, except apartment rentals. Include office buildings, retail stores, shopping centers, mixed use properties, industrial and warehouses properties. Copy and attach additional sheets if necessary.

| NAME OF TENANT | LOCATION OF SPACE | LEASE TERMS | | | ANNUAL RENT | | | | | PARKING | | INTERIOR FINISH | | |
|----------------|-------------------|-------------|--------|----------------|-------------|-----|---------|-------|-----------|---------------|-------------|-----------------|--------|------|
| | | BEGINNING | ENDING | AREA - SQ. FT. | BASE | CAM | OVERAGE | TOTAL | PER SQ FT | NO. OF SPACES | ANNUAL RENT | OWN | TENANT | COST |
| | | | | | | | | | | | | | | |
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| TOTALS | | | | | | | | | | | | | | |

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2018

VERIFICATION OF PURCHASE PRICE

PURCHASE PRICE _____ DOWN PAYMENT _____ PURCHASE DATE _____

| | | | FIXED VARIABLE | |
|-----------------|-------|-----------------------|---|-----------------------------------|
| FIRST MORTGAGE | _____ | INTEREST RATE _____ % | <input type="checkbox"/> <input type="checkbox"/> | PAYMENT SCHEDULE TERM _____ YEARS |
| SECOND MORTGAGE | _____ | INTEREST RATE _____ % | <input type="checkbox"/> <input type="checkbox"/> | PAYMENT SCHEDULE TERM _____ YEARS |
| OTHER | _____ | INTEREST RATE _____ % | <input type="checkbox"/> <input type="checkbox"/> | PAYMENT SCHEDULE TERM _____ YEARS |
| CHATEL MORTGAGE | _____ | INTEREST RATE _____ % | <input type="checkbox"/> <input type="checkbox"/> | PAYMENT SCHEDULE TERM _____ YEARS |

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: FURNITURE? _____ (DECLARED VALUE) EQUIPMENT? _____ (DECLARED VALUE) OTHER: _____ (DECLARED VALUE)
SPECIFY: _____

APPROXIMATE VACANCY AT DATE OF PURCHASE: _____ %

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE (CIRCLE ONE): YES NO

IF YES, LIST THE ASKING PRICE _____ DATE LISTED _____ BROKER _____

EXPLAIN SPECIAL CIRCUMSTANCES OR REASONS FOR YOUR PURCHASE. _____

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 _____

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**. The information filed and furnished with this report will remain confidential, and it is not open to public inspection. Any information related to the actual rental and operating expenses shall not be a public record, and it is not subject to the provisions of Section 1-200 (Freedom of Information) of the Connecticut General Statutes.

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