



**CITY OF NEW HAVEN
DEPARTMENT OF ASSESSMENT**

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



**2019
ANNUAL INCOME AND
EXPENSE REPORT**

IMPORTANT

THE DEADLINE TO FILE HAS BEEN EXEMPTED DUE TO THE **COVID-19 EMERGENCY**. COMPLETE AND RETURN THIS FORM TO THE ASSESSOR'S OFFICE ON OR BEFORE **AUGUST 15, 2020**. FAILURE TO DO SO WILL RESULT IN THE ADDITION OF A 10% ASSESSMENT PENALTY TO YOUR 2020 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 2019.
- 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 AUGUST 15, 2020 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 - 2019 CALENDAR YEAR

OWNER _____	PROPERTY NAME _____
MAILING ADDRESS _____	PROPERTY ADDRESS _____
CITY/STATE/ZIP _____	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 - 2019

EXPENSES - 2019

9 APARTMENT RENTALS (ATTACH SCHEDULE A) _____	24	HEATING/AIR CONDITIONING _____
10 OFFICE RENTALS (ATTACH SCHEDULE B) _____	25	ELECTRICITY _____
11 RETAIL RENTAL (ATTACH SCHEDULE B) _____	26	OTHER UTILITIES _____
12 MIXED USE RENTALS (ATTACH SCHEDULE B) _____	27	PAYROLL (EXCL MANAGEMENT AND REPAIRS) _____
13 SHOPPING CENTER RENTALS (ATTACH SCHEDULE B) _____	28	SUPPLIES _____
14 INDUSTRIAL RENTALS (ATTACH SCHEDULE B) _____	29	MANAGEMENT _____
15 OTHER RENTALS (ATTACH SCHEDULE B) _____	30	INSURANCE _____
16 PARKING RENTAL _____	31	REPAIR AND MAINTENANCE _____
17 BILLBOARD SITE LEASE _____	32	COMMON AREA MAINTENANCE _____
18 CELL SITE LEASE _____	33	LEASING FEES/COMMISSIONS/ADVERTISING _____
19 CAM RECOVERIES _____	34	LEGAL AND ACCOUNTING _____
20 OTHER PROPERTY INCOME (INCLUDING TAX RECOVERIES) _____	35	ELEVATOR MAINTENANCE _____
21 TOTAL POTENTIAL INCOME (ADD LINE 9 THROUGH LINE 20) _____	36	OTHER (SPECIFY) _____
22 LOSS DUE TO VACANCY AND CREDIT _____	37	_____
23 EFFECTIVE ANNUAL INCOME (LINE 21 MINUS LINE 22) _____	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
TOTALS														

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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
CHATTEL 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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