

Enter 2021

EXPENSE DATA WORKSHEET FOR THE 2024 KENT COUNTY REASSESSMENT

Enter Property Address

Annual Income and Expense Statement for the year ending: _____

PROPERTY ADDRESS: _____

PROPERTY USE (check all that apply): Apartment Office Retail Mixed Use Shopping Center Industrial Other _____

CHECK HERE IF ANY PART OF THIS PROPERTY IS OWNER OCCUPIED:

It is critical to check this box if you are using all or part of the property yourself

1. Total gross building area

(Including owner-occupied space)

_____ Sq. Ft.

2. Owner-occupied area

_____ Sq. Ft.

3. Net Leasable area

_____ Sq. Ft.

4. Number of rental units, including owner-occupied

Enter Net Sq Ft excluding common areas

5. Number of parking spaces

6. Actual Year Built, if known

7. Year Remodeled

ACTUAL GROSS INCOME *

9. Apartment Rents (From Schedule A)

10. Office Rents (From Schedule B)

11. Retail Rents (From Schedule B)

12. Mixed Rents (From Schedule B)

13. Shopping Center Rents (From Schedule B)

14. Industrial Rents (From Schedule B)

15. Other Rents (From Schedule B)

16. Parking Rents

17. Other Misc income (e.g. CAM, INS or TAX Reimbursement)

18. TOTAL ACTUAL GROSS INCOME =

=====

19. Less, losses from vacancy and credit collection

20. EFFECTIVE GROSS ANNUAL INCOME =

=====

* Do not include estimates for vacancies

This is how much income your property would rent for if fully occupied and leased

Subtract Line 19 from Line 18: Typically, this amount would match income reported on IRS Form 8825 or Schedule E

Enter all losses due to vacancy and credit

LESS, ACTUAL EXPENSES

21. Heating fuel

22. Gas and electricity

23. Water and sewer

24. Other utilities

25. Payroll (do not include management)

26. Supplies

27. Management

28. Insurance

29. Common Area Maintenance

30. Leasing Fees/Commissions/Advertising

31. Legal and Accounting

32. Elevator maintenance

33. Tenant improvements

34. General repairs

35. Other (specify) _

36. Other (specify) _

37. Other (specify) _

38. Reserves

39. Security

40. TOTAL ACTUAL EXPENSES =

=====

41. NET OPERATING INCOME =

=====

DO NOT INCLUDE TAXES, DEPRECIATION OR MORTGAGE PAYMENTS AS AN EXPENSE

Subtract Line 40 from Line 20

PROPERTY ADDRESS: _____

SCHEDULE A - APARTMENT RENT SCHEDULE

Unit Type	No. Of Units				Unit Size Sq. Ft.	Monthly Rent		Typical Lease Term
	Total	Rented	Rooms	Baths		Per Unit	Total	
Efficiency								
1 Bedroom								
2 Bedroom								
3 Bedroom								
4 Bedroom								
Other rentable units								
Owner/manager occupied								
Subtotal								
Parking								
Other income (specify)								
TOTAL								

Apartment Income is reported on a **Monthly** Basis

~ Complete this section for apartment rentals only ~

ITEMS INCLUDED IN RENT

(Check all that apply)

- Heat
- Electricity
- Other utilities
- Air conditioning
- Stove/Refrigerator
- Dishwasher
- Other (specify):
- Furnishings
- Security
- Pool
- Tennis courts
- Parking
- Garbage disposal

SCHEDULE B - OTHER NON-APARTMENT RENT SCHEDULE

~ Complete this section for all other rentals ~

Non-Apartment Income is reported on a Monthly and Annual basis

Tenant Name	Floor Location	Lease Terms			Annual Rent			Parking		Interior Finish		
		Start Date	End Date	Sq. Ft. Rented	Base Mthly Rent \$	Escal/CAM/Overage	Total Rent \$	# of Spaces	Annual Rent \$	Owner Provided	Tenant Provided	If Owner Provided, \$ Cost to Fit Up/Renovate
TOTAL												

Total Annual Rent Includes and CAM, Taxes, Insurance, Escalations and/or Percentage Rent

Check Box(es) if tenant and/or owner provided fit up for leased space

Indicate the dollar amount of **fit up costs**

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

PURCHASE PRICE VERIFICATION

Complete this section if the property was purchased within the past 3 years
ALL OWNERS MUST SIGN AND DATE THE ATTESTATION BELOW

Purchase Price \$ _____ Down Payment: \$ _____ Purchase Date: _____
 Selling Broker: _____ Broker Telephone#: _____
 Date of Last Appraisal: _____ Appraisal Firm: _____ Appraised Value: \$ _____

First Mortgage: \$ _____ Interest Rate: _____ % Payment Schedule Term: _____ Years Fixed Variable

Did the purchase price include monies allocated for: Furniture? \$ _____ Equipment? \$ _____ Other? \$ _____

PROPERTY CONDITION: _____ ESTIMATE OF REPAIRS NEEDED AT THE TIME OF SALE: \$ _____

Has the property been listed for sale since your purchase? Yes No

If yes, provide list price: \$ _____ Date listed: _____ Listing broker: _____ Broker's Telephone #: _____

COMMENTS: Please explain any special circumstances, or extraordinary factors that affected the purchase price, e.g., vacancy, seller motivation, conditions of sale, property condition, favorable seller financing, etc. Use this area for any other helpful information or comments.

VERY IMPORTANT TO SIGN AND DATE

ATTESTATION:

I DO HEREBY DECLARE THAT THE FOREGOING INFORMATION, ACCORDING TO THE BEST OF MY KNOWLEDGE, MEMORY AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY.

Signature: _____ Name (Print): _____ Date: _____

Title: _____ Telephone #: _____