

INCOME & EXPENSE DATA WORKSHEET

FOR THE 2020 RYE TOWN PROPERTY REASSESSMENT PROJECT

Enter 2018

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 _____
- 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 =	_____

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 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

Subtract Line 40 from Line 20

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

PROPERTY ADDRESS: _____

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

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								

~ 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

Non-Apartment Income is reported on a monthly and annual basis

SCHEDULE B - OTHER NON-APARTMENT RENT SCHEDULE

~ Complete this section for all other rental areas, except for apartments ~

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 last 10 years ~

~ ALL OWNERS MUST SIGN AND DATE THE ATTESTION 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 #: _____

Email to: assessor@townofryeny.com

Click here to generate email. Save document as a Word or PDF and attach to that email.

Map ID: [PARID] Property Location: [LOCATION]