

Town of North Branford Assessor's Office

Retail Property

Income and Expense Survey for Calendar Year 2009

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name (if applicable): _____

Property Address: _____

Form Preparer/Position: _____

Telephone Number: _____

<u>General Description Information</u>			
(Please check applicable category and complete the related question.)			
Property is totally owner-occupied	<input type="checkbox"/>	Occupied Area	_____ Sq. Ft.
Property is owner-occupied with tenants	<input type="checkbox"/>	Total Building Area	_____ Sq. Ft.
		Owner-occupied Area	_____ Sq. Ft.
		Tenant-occupied Area	_____ Sq. Ft.
Property is fully leased	<input type="checkbox"/>	Gross Leaseable Area (GLA)	_____ Sq. Ft.
		Gross Building Area	_____ Sq. Ft.
Property is: Vacant	<input type="checkbox"/>	Total Building Area	_____ Sq. Ft.
Available for Sale	<input type="checkbox"/>	Asking/List Price	_____ Sq. Ft.
Available for Lease	<input type="checkbox"/>	Asking Rent	_____ per Sq. Ft.
Holding for future use	<input type="checkbox"/>	Please describe:	
# Units/Unit sizes	<input type="checkbox"/> 0-500sf <input type="checkbox"/> 500-1,500sf <input type="checkbox"/> 1,500-3,000sf <input type="checkbox"/> 3,000-5,000sf <input type="checkbox"/> 5,000-10,000sf <input type="checkbox"/> 10,000-20,000sf <input type="checkbox"/> 20,000-50,000sf <input type="checkbox"/> >50,000sf		
Parking Available	_____	(number of spaces)	

Annual Operating Receipts

Base Rental Income – minimum	\$ _____
Additional Base Rental Income – overages	\$ _____
Total Rent	\$ _____
Other Income (Reimbursements from Tenants):	
Common Area Charges	\$ _____
Property Tax Reimbursement	\$ _____
Insurance Reimbursement	\$ _____
Utility Charge Reimbursement	\$ _____

Potential Gross Income	\$ _____
Vacancy & Collection Loss (annualized)	\$ _____
Effective Gross Income (Potential less Vacancy)	\$ _____

1 Total floor area designed for tenants' exclusive use for which tenants pay rent and which produces income.

(Retail Property Cont'd.)

		Annual Operating Expenses		
		CAM*	Paid By	Paid By
		Expense	Landlord	Tenants
<u>Fixed Expenses</u>				
Real Estate Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Variable Expenses</u>				
Repair & Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lot Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Removal	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising/Promotional	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Expenses	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Services	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leasing Agent Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Operating Expenses		\$ _____		
Net Operating Income (Effective less Expenses)		\$ _____		

Please include your 200X Income Summary, rent roll and typical lease. Attach comments or other information on a separate page.

_____/_____
Signature/Position Date

* Common Area Maintenance