



**CITY OF NEW HAVEN  
DEPARTMENT OF ASSESSMENT**

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



**2015  
ANNUAL INCOME AND  
EXPENSE REPORT**

**IMPORTANT**

**COMPLETE AND RETURN THIS FORM TO THE ASSESSOR'S OFFICE ON OR BEFORE **JUNE 1, 2016**. FAILURE TO DO SO WILL RESULT IN THE ADDITION OF A 10% ASSESSMENT PENALTY TO YOUR 2016 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 completion.
- The data should reflect information for the property during the calendar year 2015.
- 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).
- We will be undergoing a city wide revaluation throughout 2016. The collection of accurate income and expense data is vital to our determining fair and equitable market values for income producing properties.

**MAIL OR HAND DELIVER BY JUNE 1, 2016 TO 165 CHURCH ST, NEW HAVEN, CT 06510**

**PROPERTY LOCATION:** \_\_\_\_\_

**PARCEL ID (MBLU):** \_\_\_\_\_

# CITY OF NEW HAVEN DEPARTMENT OF ASSESSMENT

## ANNUAL INCOME AND EXPENSE REPORT SUMMARY - 2015 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 - 2015

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 17)    \_\_\_\_\_

22 LOSS DUE TO VACANCY AND CREDIT    \_\_\_\_\_

23 EFFECTIVE ANNUAL INCOME (LINE 18 MINUS LINE 19)    \_\_\_\_\_

### EXPENSES - 2015

21 HEATING/AIR CONDITIONING    \_\_\_\_\_

22 ELECTRICITY    \_\_\_\_\_

23 OTHER UTILITIES    \_\_\_\_\_

24 PAYROLL (EXCL MANAGEMENT AND REPAIRS)    \_\_\_\_\_

25 SUPPLIES    \_\_\_\_\_

26 MANAGEMENT    \_\_\_\_\_

27 INSURANCE    \_\_\_\_\_

28 REPAIR AND MAINTENANCE    \_\_\_\_\_

29 COMMON AREA MAINTENANCE    \_\_\_\_\_

30 LEASING FEES/COMMISSIONS/ADVERTISING    \_\_\_\_\_

31 LEGAL AND ACCOUNTING    \_\_\_\_\_

32 ELEVATOR MAINTENANCE    \_\_\_\_\_

33 OTHER (SPECIFY)    \_\_\_\_\_

34 \_\_\_\_\_

35 \_\_\_\_\_

36 \_\_\_\_\_

37 SECURITY    \_\_\_\_\_

38 TOTAL EXPENSES (ADD LINES 21 THROUGH 37)    \_\_\_\_\_

39 NET OPERATING INCOME (LINE 20 MINUS LINE 38)    \_\_\_\_\_

40 CAPITAL EXPENSES    \_\_\_\_\_

41 REAL ESTATE TAXES    \_\_\_\_\_

42 MORTGAGE PAYMENTS (PRINCIPAL AND INTEREST)    \_\_\_\_\_

**RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2016**

## 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								
<b>SUBTOTAL</b>								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
<b>TOTAL</b>								

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
<b>TOTALS</b>														

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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
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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