

LUC:

**City of Springfield FY 2018 Apartment Property Income Statement**  
**MUST BE RETURNED BY April 10, 2017 To Assessor's Office, 36 Court St, Springfield MA 01103**

Location: Parcel-ID: Contact Name & Phone:

**If this property is OWNER OCCUPIED, please indicate the owner and business name. YOU MUST STILL COMPLETE THE FORM FOR EXPENSES.**

Owner Name: Business Name:

Please provide the following information AS IT RELATES TO YOUR PROPERTY AND NOT YOUR BUSINESS. Use additional sheets if necessary. If you prefer to use your own computer rent roll or spreadsheets, please use this format as a guide. FOR MORE INFORMATION OR TO ANSWER QUESTIONS, PLEASE CALL 413-787-6164.

Provide the following income information for the property during calendar year **1/1/2016 through 12/31/2016 for FY 2018**

**APARTMENT LEASE INFORMATION:**

Unit Number / Floor Level	Number of Bedrooms	Number of Full/Half Baths	Heat Included in Rent (Y/N)	Electric Included in Rent (Y/N)	Monthly Rent	Annual Rent	Leased (Y/N)	Sprinkler Y/N	Furnished or Unfurnished	Subsidy List Amount & Agency

**PROPERTY SUMMARY**

Unit Type	Total # of Units	Avg Rent per Month	Average Annual Rent	Owner Occupied Unit(s)	Is income restricted due to government funding or tax credits? Explain program.	Parking Info	Total # of Spaces	Single Space Month Rent
Studio Units						Indoor		
One Bedroom Units						Outdoor		
Two Bedroom Units						<b>Total</b>		
Three or More Bedroom Units					Comments:			
<b>TOTAL NUMBER OF UNITS</b>								
Total Units Vacant as of <b>01/01/17</b>								

**CALENDAR YEAR INCOME SUMMARY**

Total POTENTIAL Gross Rental Income at 100% Occupied (Include Subsidy amount and Source)	Lost Income due to Concessions	Lost Income due to Vacancies	Lost Income due to Collection Loss	Total Actual Rental Income	Total Laundry/Vending/Parking Income	Other Income (Billboard, Cell Tower, Parking, Laundry, etc.)	Total Income Collected All Sources
\$	\$	\$	\$	\$	\$	\$	\$

Pursuant to Mass. General Laws, Chap. 59 Section 38D, this form **MUST** be completed and returned to the Assessors Office within 60 days of mailing.  
**Failure to comply may result in a fine of Fifty Dollars (\$50.00) and loss of appeal rights to the Appellate Tax Board.**

LUC: **ANNUAL EXPENSES FOR ALL PROPERTY USES -SPRINGFIELD ASSESSORS OFFICE 413-787-6164**

Return to: ASSESSOR'S OFFICE, 36 COURT ST, SPRINGFIELD MA 01103

Provide the following expense information **AS IT RELATES TO THE REAL ESTATE ONLY** during calendar year **1/1/2016 through 12/31/2016 for FY 2018**

Location: \_\_\_\_\_ Parcel: \_\_\_\_\_ **EXPENSES FOR CALENDAR YEAR 2016 (FY2018)**

Management & Administrative			Maintenance & Cleaning		
	Landlord Amount	Tenant Amount		Landlord Amount	Tenant Amount
Management Wages or Fees	\$	\$	Wages	\$	\$
Legal & Accounting	\$	\$	Supplies	\$	\$
Security Wages	\$	\$	Maint. Service Contract Fee	\$	\$
Payroll	\$	\$	Grounds Keeping	\$	\$
Group Insurance	\$	\$	Rubbish Removal	\$	\$
Telephone	\$	\$	Snow Removal	\$	\$
Advertising	\$	\$	Exterminator	\$	\$
Commissions	\$	\$	Other (Explain)	\$	\$
Other (Explain)	\$	\$		\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

Repairs & Alterations			Capital Improvements		
Exterior	\$	\$	Describe Project(s):	\$	\$
Interior	\$	\$		\$	\$
Mechanical	\$	\$		\$	\$
Electrical	\$	\$		\$	\$
Plumbing	\$	\$		\$	\$
Other (Explain)	\$	\$		\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

Utilities			Other Expenses		
Electrical	\$	\$	Real Estate Taxes	\$	\$
Gas	\$	\$	Reserve for Replacement	\$	\$
Oil	\$	\$	Apartments for Employees	\$	\$
Water/Sewer	\$	\$	Insurance (1yr. Premium)	\$	\$
Other (Explain)	\$	\$	Other (Explain)	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

Additional Comments:

**I declare that to the best of my knowledge and belief, this return is true, correct and complete.**

Signature of Owner/Taxpayer/Agent \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

*This document MUST be signed and dated to be deemed as valid*

Telephone Day \_\_\_\_\_  
 Telephone Eve \_\_\_\_\_

*Failure to file this within 60 days of its mailing may result in fines or loss of appeal rights*

Date \_\_\_\_\_