

LUC: **City of Springfield FY 2018 Mixed Use Property Income Statement**
MUST BE RETURNED by April 10, 2017 to: Assessors Office, 36 Court St, Springfield MA 01103

FOR ASSESSORS USE ONLY	Loc: _____ Parcel: _____	Contact Name & Phone _____
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If property is OWNER OCCUPIED, please indicate 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**

COMMERCIAL LEASE INFORMATION:

Tenant Name	Floor Level	Sprinkler Y/N	Use Type	Leased Area (Sq Ft)	Rent Per Sq. Ft.	Annual Rent	Start Date (Month/Yr.)	End Date (Month/Yr.)	Term in Years	Gross, Net or NNN

RESIDENTIAL LEASE INFORMATION:

Unit Type		Total # of Units	Rent per Month	Annual Rent	Incentives		Start Date (Month/Yr.)	End Date (Month/Yr.)	Heat Included (Y/N)	Electric Included (Y/N)
					Free Rent (if applicable)	Free # of Months				
Studio Units										
One Bedroom Units										
Two Bedroom Units										
Three or more Bedrooms										

CALENDAR YEAR INCOME SUMMARY

Total POTENTIAL Gross Income		Total Rent Concessions	Total Vacancies	Total Collection Loss	Total Parking Income	Total Laundry/Vending Income	Other Income (Billboard, Cell Tower, etc.)	Total Rent Collected
\$		\$	\$	\$	\$	\$	\$	\$

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.
SEE REVERSE SIDE FOR EXPENSE INFORMATION

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		Landlord Amount	Tenant Amount	Maintenance & Cleaning		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)	\$		\$		\$		\$
TOTAL	\$		\$	TOTAL	\$		\$

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

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

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 _____

This document MUST be signed and

Telephone Day _____

Print Name _____

dated to be deemed as valid

Telephone Eve _____

Mailing Address _____

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

Date _____