

LUC: «STATE_CLASS»	City of Springfield FY 2019 Mixed Use Property Income Statement
MUST BE RETURNED by August 27, 2018 to: Assessors Office, 36 Court St, Springfield MA 01103 or emailed to assessors_email@springfieldcityhall.com	

FOR ASSESSORS USE ONLY	Loc: «PROPERTY_LOCATION» Parcel: «PARCELID»	Name: Phone: Email:
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Owner Name: «CURRENT_OWNER»	Business Name:
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Please provide the following information **AS IT RELATES TO YOUR PROPERTY**. 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 **1/1/2017 through 12/31/2017 for FY 2019**

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	<i>Incentives</i>		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 (Including Vacant Space)		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 shall result in a penalty not to exceed Two Hundred Fifty Dollars (\$250.00). In addition, you may lose the right to an appeal at 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 1/1/2017 through 12/31/2017 for FY 2019

Location: «PROPERTY_LOCATION» Parcel: «PARCELID» EXPENSES FOR CALENDAR YEAR 2017 (FY2019)					
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 _____	<i>This document MUST be signed and dated to be deemed as valid</i>	Telephone Day _____
Print Name _____		Email _____
Mailing Address _____	<i>Failure to file this within 60 days of its mailing shall result in a penalty not to exceed \$250.00. In addition, you may lose the right to an appeal at the Appellate Tax Board.</i>	Date _____