

LUC: «STATE_CLASS» **City of Springfield FY 2017 Mixed Use Property Income Statement**
MUST BE RETURNED by July 17, 2016 to: Assessors Office, 36 Court St, Springfield MA 01103

| | | |
|-------------------------------|---|----------------------|
| FOR ASSESSORS USE ONLY | Loc: «PROPERTY_LOCATION» Parcel: «PARCELID» | Contact Name & Phone |
|-------------------------------|---|----------------------|

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

Owner Name: «CURRENT_OWNER» 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 **1/1/2015 through 12/31/2015 for FY 2017**

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 |
|-------------|-------------|---------------|----------|---------------------|------------------|-------------|------------------------|----------------------|---------------|-------------------|
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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

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 1/1/2015 through 12/31/2015 for FY 2017

Location: «PROPERTY_LOCATION» Parcel: «PARCELID» **EXPENSES FOR CALENDAR YEAR 2015 (FY2017)**

| 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 _____