

LUC:

City of Springfield FY 2019 Apartment Property Income Statement
MUST BE RETURNED BY SEPTEMBER 11, 2018 To Assessor's Office, 36 Court St, Springfield MA 01103
or emailed to assessors_email@springfieldcityhall.com

Location: Parcel-ID: Contact Name, Phone and Email:

Owner Name: Business Name:

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**

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						Total		
Three or More Bedroom Units					Comments:			
TOTAL NUMBER OF UNITS								
Total Units Vacant as of 01/01/18								

CALENDAR YEAR INCOME SUMMARY

Total POTENTIAL Gross Rental Income at 100% Occupied (Include Subsidy amount, Source and Vacant Space)	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 shall result in a penalty of Fifty Dollars (\$50.00). In addition, you may lose the right to an appeal at the Appellate Tax Board.

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: _____ Parcel: _____

EXPENSES FOR CALENDAR YEAR 2017 (FY2019)

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)	\$	\$		\$	\$
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 _____
 Print Name _____
 Mailing Address _____

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

Telephone Day _____
 Email _____
 Date _____

Failure to file this within 60 days of its mailing shall result in a \$50.00 penalty. In addition, you may lose the right to an appeal at the Appellate Tax Board.