

# TOWN OF NEWINGTON 2015 ANNUAL INCOME AND EXPENSE REPORT

## MULTI-FAMILY PROPERTIES

*Note: Information provided is CONFIDENTIAL, in accordance with Connecticut Law*

**PLEASE PRINT CLEARLY**

Unique ID: \_\_\_\_\_ (See cover letter)      Property Name: \_\_\_\_\_  
 Owner: \_\_\_\_\_ (if applicable) \_\_\_\_\_  
 Address: \_\_\_\_\_ Property Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town/ ST/Zip: \_\_\_\_\_

### PROPERTY INFORMATION

No. of Bldgs: \_\_\_\_\_ Gross Bldg Area: \_\_\_\_\_ (SqFt) Net Rentable Area: \_\_\_\_\_ (SqFt)

**Available Parking:** # Open Spaces: \_\_\_\_\_ # Carport Spaces: \_\_\_\_\_ # Garage Units: \_\_\_\_\_

**Amenities:** On-Site Laundry: Yes \_\_\_\_\_ No \_\_\_\_\_ Pool Yes \_\_\_\_\_ No \_\_\_\_\_ Tennis Court(s) Yes \_\_\_\_\_ No \_\_\_\_\_

### UNIT CONFIGURATION

# Townhouses: \_\_\_\_\_ # Flats: \_\_\_\_\_ #Studio/Eff Units: \_\_\_\_\_ #1 Bdrm: \_\_\_\_\_ #2 Bdrm: \_\_\_\_\_ #3 Bdrm: \_\_\_\_\_

Total #All Units: \_\_\_\_\_ Is there a Superintendent's Unit: Y / N Location: \_\_\_\_\_

Type/Style*	No. Units	No. Rooms (Each Unit)	No. Beds	No. Baths	Unit Size (SqFt)	Furnished		Current Asking Rents
						Yes	No	
<i>Example 1: Flat</i>	10	3	1	1.0	423		x	\$675
<i>Example 2: TH</i>	8	5	2	2.5	980		x	\$1,200
<b>Total All Units:</b>								

\* Town house; Flat; Studio/efficiency, Etc.

Included in monthly rent:  Water & Sewer  Electricity  Cable TV  Heat  Refrigerator  Stove  
 Dishwasher  Other (explain): \_\_\_\_\_

No. of Units *Currently* Vacant: \_\_\_\_\_ Average Annual Vacancy in 2015: \_\_\_\_\_ %

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**2015 ACTUAL RENT & INCOME COLLECTED**

Apartment Rents	\$ _____
Parking Rents	\$ _____
Superintendent Unit Rent	\$ _____
Laundry Rent	\$ _____
All Other Income	\$ _____

**Total Income Collected:** \$ \_\_\_\_\_

**2015 ANNUAL OPERATING EXPENSES**

**Expenses - Fixed:**

Personal Property Taxes	\$ _____
Property Insurance	\$ _____

**Expenses - Variable:**

Advertising	\$ _____
Cleaning & Maintenance	\$ _____
Leasing Commissions	\$ _____
Insurance	\$ _____
Legal & Professional Fees	\$ _____
Management Fee	\$ _____
General Repairs/Painting	\$ _____
Office Supplies	\$ _____
Administrative Costs	\$ _____
Utilities	\$ _____
Security	\$ _____
Snow plowing/Lawn care	\$ _____
Exterminating	\$ _____
Reserves for Replacement	\$ _____
Other (explain)	\$ _____
Other (explain)	\$ _____
Other (explain)	\$ _____

**Total Operating Expenses:** \$ \_\_\_\_\_

# TOWN OF NEWINGTON 2015 ANNUAL INCOME AND EXPENSE REPORT

## TOWN OF NEWINGTON VERIFICATION OF SALE PRICE AND FINANCING

*COMPLETE THIS SECTION ONLY IF THE PROPERTY WAS ACQUIRED OR REFINANCED AFTER JUNE 1, 2015 - OTHERWISE PROCEED TO ATTESTATION BELOW*

PURCHASE PRICE \$ \_\_\_\_\_ DOWN PAYMENT \$ \_\_\_\_\_ DATE OF PURCHASE \_\_\_\_\_  
 DATE OF LAST APPRAISAL \_\_\_\_\_ APPRAISAL FIRM \_\_\_\_\_ APPRAISED VALUE \$ \_\_\_\_\_

			(Check One)	
			Fixed	Variable
FIRST MORTGAGE \$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS		
SECOND MORTGAGE \$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS		
OTHER \$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS		
CHattel MORTGAGE \$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS		

DID PURCHASE PRICE INCLUDE: FURNITURE? \$ \_\_\_\_\_ (Value) EQUIPMENT? \$ \_\_\_\_\_ (Value) OTHER (Specify) \$ \_\_\_\_\_ (Value)

IS THE PROPERTY CURRENTLY LISTED FOR SALE OR LEASE? YES \_\_\_\_\_ NO \_\_\_\_\_ LISTING AGENCY: \_\_\_\_\_  
 IF YES; ASKING PRICE: \$ \_\_\_\_\_ DATE LISTED: \_\_\_\_\_ BROKER/AGENT NAME: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

Please explain any special circumstances or factors regarding the purchase or sale price (i.e., vacancy, physical conditions, terms of sale, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### ATTESTATION

I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE FOREGOING INFORMATION, ACCORDING TO THE BEST OF MY KNOWLEDGE, REMEMBRANCE AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL THE INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY (Section 12-63c(d) of the Connecticut General Statutes).

SIGNATURE \_\_\_\_\_ NAME (Print) \_\_\_\_\_ DATE \_\_\_\_\_  
 TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_