



**CITY OF NEW HAVEN
DEPARTMENT OF ASSESSMENT**

165 Church Street
New Haven, CT 06510
Phone: (203) 946-4800
Fax: (203) 946-7122



2014

**ANNUAL INCOME AND
EXPENSE REPORT**

COMPLETE AND RETURN THIS FORM TO THE ASSESSOR'S OFFICE ON OR BEFORE JUNE 1, 2015.

In accordance with Section 12-63c (d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form or files an incomplete or false form with intent to defraud, shall be subject to a penalty assessment equal to a **ten percent (10%) increase in the assessed value of such property**. The information filed and furnished with this report will remain confidential, and it is not open to public inspection. Any information related to the actual rental and operating expenses shall not be a public record, and it is not subject to the provisions of Section 1-200 (Freedom of Information) of the Connecticut General Statutes.

WHO SHOULD FILE?

- All property owners receiving this form should complete and return it to the Assessor's Office.
- All owners of commercial, retail, industrial, or mixed use properties.
- All owners of residential properties containing 6 or more rental units.
- Properties containing billboard and/or cell tower leases.
- If your property is 100% owner occupied, please indicate such on line 4 of the summary page, and return this form by the above deadline.

HOW TO FILE

- Please read through the enclosed form in its entirety and complete all sections that apply to your property. Be sure to complete all relevant fields within each section. These forms will be reviewed for completion.
- The data should reflect information for the property during the calendar year 2014.
- If filing for multiple rental properties, a report summary page and the appropriate income and expense schedules should be completed for each rental property.
- You may attach a copy of your Federal Income Tax Return including Schedule E (Form 1040) in lieu of completing the summary section. However, you must also complete the applicable rental schedules (A&B).

RETURN BY MAIL OR HAND DELIVER REPORT TO:

DEPARTMENT OF ASSESSMENT
165 CHURCH STREET
NEW HAVEN, CT 06510

PROPERTY LOCATION: _____

PARCEL ID (MBLU): _____

**CITY OF NEW HAVEN DEPARTMENT OF ASSESSMENT
ANNUAL INCOME AND EXPENSE REPORT SUMMARY - 2014 CALENDAR YEAR**

OWNER _____
 MAILING ADDRESS _____
 CITY/STATE/ZIP _____

PROPERTY NAME _____
 PROPERTY ADDRESS _____
 PARCEL ID _____

1 PRIMARY USE OF PROPERTY (CIRCLE ONE) (a) apartment (b) office (c) retail (d) mixed use (e) shopping center (f) industrial (g) other _____

2 GROSS BUILDING AREA (INCLUDING OWNER OCCUPIED SPACE) _____ SQ. FT. 6 NUMBER OF PARKING SPACES _____
 3 NET LEASABLE AREA _____ SQ. FT. 7 BUILDING AGE (IN YEARS) _____
 4 OWNER OCCUPIED _____ SQ. FT. 8 YEAR REMODELED _____
 5 NUMBER OF UNITS _____

INCOME - 2014

9 APARTMENT RENTALS (ATTACH SCHEDULE A) _____
 10 OFFICE RENTALS (ATTACH SCHEDULE B) _____
 11 RETAIL RENTAL (ATTACH SCHEDULE B) _____
 12 MIXED USE RENTALS (ATTACH SCHEDULE B) _____
 13 SHOPPING CENTER RENTALS (ATTACH SCHEDULE B) _____
 14 INDUSTRIAL RENTALS (ATTACH SCHEDULE B) _____
 15 OTHER RENTALS (ATTACH SCHEDULE B) _____
 16 PARKING RENTAL _____
 17 BILLBOARD SITE LEASE _____
 18 CELL SITE LEASE _____
 19 CAM RECOVERIES _____
 20 OTHER PROPERTY INCOME (INCLUDING TAX RECOVERIES) _____
 21 TOTAL POTENTIAL INCOME (ADD LINE 9 THROUGH LINE 17) _____
 22 LOSS DUE TO VACANCY AND CREDIT _____
 23 EFFECTIVE ANNUAL INCOME (LINE 18 MINUS LINE 19) _____

EXPENSES - 2014

21 HEATING/AIR CONDITIONING _____
 22 ELECTRICITY _____
 23 OTHER UTILITIES _____
 24 PAYROLL (EXCL MANAGEMENT AND REPAIRS) _____
 25 SUPPLIES _____
 26 MANAGEMENT _____
 27 INSURANCE _____
 28 REPAIR AND MAINTENANCE _____
 29 COMMON AREA MAINTENANCE _____
 30 LEASING FEES/COMMISSIONS/ADVERTISING _____
 31 LEGAL AND ACCOUNTING _____
 32 ELEVATOR MAINTENANCE _____
 33 OTHER (SPECIFY) _____
 34 _____
 35 _____
 36 _____
 37 SECURITY _____
 38 TOTAL EXPENSES (ADD LINES 21 THROUGH 37) _____
 39 NET OPERATING INCOME (LINE 20 MINUS LINE 38) _____
 40 CAPITAL EXPENSES _____
 41 REAL ESTATE TAXES _____
 42 MORTGAGE PAYMENTS (PRINCIPAL AND INTEREST) _____

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MULTIFAMILY APARTMENT RENTALS - SCHEDULE A

Complete this section for apartment rental activity only.

UNIT TYPE	# OF UNITS		ROOM COUNT		UNIT SIZE	MONTHLY RENT		LEASE TERM
	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	PER UNIT	TOTAL	
EFFICIENCY								
1 BEDROOM								
2 BEDROOMS								
3 BEDROOMS								
4 BEDROOMS								
OTHER RENTABLE UNITS								
OWNER/MANAGEMENT OCCUPIED								
SUBTOTAL								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
TOTAL								

BUILDING FEATURES INCLUDED IN RENT
(PLEASE CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Heat | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Furnished Unit |
| <input type="checkbox"/> Other Utilities | <input type="checkbox"/> Security |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Stove/Refrigerator | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Dishwasher | |
| <input type="checkbox"/> Other (Specify) _____ | |

COMMERCIAL PROPERTIES - SCHEDULE B

Complete this section for all rental activities, except apartment rentals. Include office buildings, retail stores, shopping centers, mixed use properties, industrial and warehouses properties. Copy and attach additional sheets if necessary.

NAME OF TENANT	LOCATION OF SPACE	LEASE TERMS			ANNUAL RENT					PARKING		INTERIOR FINISH		
		BEGINNING	ENDING	AREA - SQ. FT.	BASE	CAM	OVERAGE	TOTAL	PER SQ FT	NO. OF SPACES	ANNUAL RENT	OWN	TENANT	COST
TOTALS														

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VERIFICATION OF PURCHASE PRICE

PURCHASE PRICE _____ DOWN PAYMENT _____ PURCHASE DATE _____

			FIXED VARIABLE	
FIRST MORTGAGE	_____	INTEREST RATE _____ %	<input type="checkbox"/> <input type="checkbox"/>	PAYMENT SCHEDULE TERM _____ YEARS
SECOND MORTGAGE	_____	INTEREST RATE _____ %	<input type="checkbox"/> <input type="checkbox"/>	PAYMENT SCHEDULE TERM _____ YEARS
OTHER	_____	INTEREST RATE _____ %	<input type="checkbox"/> <input type="checkbox"/>	PAYMENT SCHEDULE TERM _____ YEARS
CHATTEL MORTGAGE	_____	INTEREST RATE _____ %	<input type="checkbox"/> <input type="checkbox"/>	PAYMENT SCHEDULE TERM _____ YEARS

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: FURNITURE? _____ (DECLARED VALUE) EQUIPMENT? _____ (DECLARED VALUE) OTHER: _____ (DECLARED VALUE)
SPECIFY: _____

APPROXIMATE VACANCY AT DATE OF PURCHASE: _____ %

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE (CIRCLE ONE): YES NO

IF YES, LIST THE ASKING PRICE _____ DATE LISTED _____ BROKER _____

EXPLAIN SPECIAL CIRCUMSTANCES OR REASONS FOR YOUR PURCHASE. _____

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 _____

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