

City of West Haven, Connecticut
Assessor's Office
355 Main Street
West Haven, CT 06516

For questions concerning this report call:
Tel: 203-937-3520
Fax: 203-937-3544
April 4, 2016

2015 Annual Income and Expense Report

Dear Property Owner of:

In order to assess your real property fairly and equitably, income and expense information related to your property is essential. Please complete the enclosed forms **or** provide operating statements from January 1, 2015 to December 31, 2015 and return them to the Assessor's Office on or before June 1, 2016. In accordance with Connecticut General Statute Section 12-63c(d), any owner of rental real property who fails to submit this information 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. Schedule A (Apartment) and Schedule B (listing of all tenant information) must be completed or the real estate will be subject to the 10% penalty. This report must be returned to the Assessor's office on or before June 1, 2016.**

Any information related to the actual rental and rental-related income and operating expenses is confidential and shall not be a public record nor subject to the provisions of Connecticut General Statute **1-210** (Freedom of Information Act).

If you believe that you are not required to file this report, please call the number listed above. **If your property is 100% owner occupied, please check the box on the top right hand corner on page 3 "100% owner occupied", sign and date affidavit at the bottom of the page and return page 3 only back to the Assessor's Office. The 10% penalty will be applied to owner occupied property if this report is not signed and returned to the Assessor's office.**

Each summary page should reflect information for a single property for the calendar year indicated on the form. **If you own more than one rental property, a separate report must be filed for each property located in West Haven.** Please refer to the attached summary page instruction sheet for a description of how to properly fill out this report.

City of West Haven
Assessor's Office

2015 Annual Income and Expense Report

For questions concerning this report call:

Phone: (203) 937-3520

Fax: (203) 937-3544

FILING INSTRUCTIONS. In order to fairly assess your real property, information regarding the property income and expenses is required. *Connecticut General Statute's 12-63c* requires all owners of rental property to annually file this report.

THE INFORMATION FILED AND FURNISHED WITH THIS REPORT WILL REMAIN CONFIDENTIAL AND IS NOT OPEN FOR PUBLIC INSPECTION. ANY INFORMATION RELATED TO THE ACTUAL RENTAL AND OPERATING EXPENSES SHALL NOT BE A PUBLIC RECORD AND IS NOT SUBJECT TO THE PROVISIONS OF SECTION 1-19 (FREEDOM OF INFORMATION), OF THE CONNECTICUT GENERAL STATUTES.

Please complete and return this report to the Assessor's Office on or before **JUNE 1, 2016**. Failure to provide this information will result in an assessment based on estimated assumptions, which could lead to a less than equitable assessment and could affect your position in an appeal situation. Your cooperation is greatly appreciated.

In accordance with Section 12-63c(d) of the Connecticut General Statutes, any owner of rental property who fails to file this form or files an incomplete or false form with the intent to defraud, shall be subject to a penalty assessment equal to a ten (10%) percent increase in the assessed value of such property.

WHO SHOULD FILE. All individuals and businesses receiving this form in the mail should complete and return this form to the Assessor's Office. If you believe that you are not required to file this form, please call the number listed above to discuss your special situation. All properties which are rented or leased, including commercial, retail, industrial and residential properties, except - *such property used for residential purposes, containing not more than six dwelling units and in which the owner resides*. If a non-residential property is partially rented and partially owner-occupied this report must be filled out and filed with the assessor by June 1, 2016.

OWNER-OCCUPIED PROPERTIES. If your property is 100% owner occupied, please fill out page 3, check the box on the top right hand corner, sign and date affidavit. Return only page 3 to the Assessor's Office.

HOW TO FILE. Each summary page should reflect information for a single property for the calendar year indicated on the form. If you own more than one rental property, a separate report must be filed for each property in this municipality.

An income and expense report summary page and the appropriate income schedule must be completed for each rental property. Income Schedule A must be filed for apartment rental property and Schedule B must be filed for all other rental properties.

A computer printout is acceptable for Schedule A and B, providing all the required information is provided.

Mail or Hand Deliver to:

ASSESSOR'S OFFICE, 355 MAIN STREET, WEST HAVEN CT. 06516

PLEASE RETURN TO THE ASSESSOR'S OFFICE ON OR BEFORE JUNE 1, 2016

2015 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

100% OWNER OCCUPIED
Place a check in the box and sign below

Owner _____
 Mailing Address _____
 City/State/Zip _____

Account Number _____
 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 (Inc. Owner-Occupied Space) _____ SF 5. Number of Units _____
 3. Net Leasable Area _____ SF 6. Building Age (Year) _____
 4. Owner Occupied Area _____ SF 7. Year Remodeled (Year(s)) _____

INCOME

8. Apartment Rentals (Attach Schedule A) _____
 9. Office Rental (Attach Schedule B) _____
 10. Retail Rental (Attach Schedule B) _____
 11. Mixed Rentals (Attach Schedule B) _____
 12. Shopping Center Rentals (Attach Schedule B) _____
 13. Indst./Whse./Garage Rentals (Attach Schedule B) _____
 14. Other Rentals (Attach Schedule B) _____
 15. Parking Rentals/Billboards/Cell Towers _____
 16. Other Property Income _____
 17. **Total Potential Income** (Add Line 8 thru Line 16) _____
 18. Loss Due to Vacancy and Bad Debt _____
 19. **Effective Annual Income** (Line 17 minus Line 18) _____
 20. Expense Reimbursements _____
 21. Effective Gross Income (Line 19 + 20) _____

EXPENSES

22. Management _____
 23. Legal/Accounting _____
 24. Fire/Liability Insurance _____
 25. Leasing Fees/Commissions/Advertising _____
 26. Payroll (Except mgt, repairs and decorating) _____
 27. Electricity _____
 28. Heating/Air Conditioning _____
 29. Other Utilities (Specify) _____
 30. Supplies (Janitorial, Etc.) _____
 31. Common Area Maintenance _____
 32. Maintenance & Repairs _____
 33. Elevator Maintenance _____
 34. Snow/Trash Removal _____
 35. Security _____
 36. Other (Specify) _____
 37. _____
 38. **Total Expenses** (Add Line 22 thru Line 37) _____
 39. **Net Operating Income** (Line 21 minus Line 38) _____
 40. Capital Expenditures _____
 41. Real Estate Taxes _____
 42. Mortgage Payments (Principal & Interest) _____

AFFIDAVIT:
 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 _____ Date _____
 Name (Print) _____ Title _____

SCHEDULE A.

Complete this section for apartment rental activity only.

2015

Unit Type	No. of Units		Room Count		Unit Size	Monthly Rent		Typical Lease Term
	Total	Rented	Rooms	Baths	Sq. Ft.	Per Unit	Total	
Efficiency								
1 Bedroom								
2 Bedroom								
3 Bedroom								
4 Bedroom								
Other Rental Units								
Owner/Manager/Janitor Occupied								
Subtotal								
Garage/Parking								
Other Income (Specify)								
Totals								

Building Features Included in Rent
(Please Check all that applies)

- | | |
|--|---|
| <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) _____ | |

SCHEDULE B.

Complete this section for all rental activities, except apartment rental. Include Office Buildings, Retail Stores, Shopping Centers, Mixed-Use Properties, Industrial and Warehouse properties.

Name of Tenant	Loc. of Space	Lease Term			Annual Rent				Parking		Interior Finish		
		Begin	End	Sq.Ft.	Base	Esc/CAM/Overage	Total	Total/Sq.Ft.	# of Spaces	Annual Rent	Own.	Ten.	Cost

Verification of Purchase Price

Complete this section **ONLY** if you have purchased this property within the last three (3) years.

2015

Purchase Price _____ Down Payment _____ Date of Purchase _____

		(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 the purchase price include a payment for: Furniture? _____ (Declared Value) Equipment? _____ (Declared Value)

Has the property been listed for sale since your purchase? Asking Price _____ Date Listed _____ Broker _____

Remarks. (Explain Special Circumstances or Reasons for your Purchase) _____

Construction Cost Data	Cost	Year	Dimensions	Comments
Site Improvements				
Buildings				
Additions				
Remodeling				

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 _____

PLEASE RETURN TO THE ASSESSOR'S OFFICE ON OR BEFORE JUNE 1, 2016