



CITY OF NEW HAVEN
 DEPARTMENT OF ASSESSMENT
 165 Church Street
 New Haven, CT 06510
 (203) 946-4800



2011 CALENDAR YEAR ANNUAL INCOME AND EXPENSE REPORT

FILING INSTRUCTIONS. The Department of Assessment is preparing for the next State-mandate City-wide revaluation in 2016. In order to assess your real property equitably, information regarding the property income and expenses is required. Connecticut General Statutes 12-63c requires all owners of rental real property to annually file this report. 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.

Complete and return the completed form to the Assessor's Office on or before June 1, 2012.

The data extracted from the income and expense statements will assist the Assessor's Office in estimating market rates such as rental, vacancy & collection loss, operating expense, and capitalization rates. It is imperative that we obtain this data in order to accurately assess your property. Should you have any questions regarding the form, please contact our office or simply attach a copy of your 2011 Federal Income Tax Returns including Schedule E (Form 1040) and Supplemental Income and Expenses.

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 by June 1, 2012 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.

WHO SHOULD FILE. All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. All properties that are rented or leased, including commercial, retail, industrial and residential properties with 5 or more units, income-producing vacant land, or parking lots producing income or rentals must file. If a non-residential property is partially rented and partially owner-occupied this report must be filed. If you have any questions, please call the Assessor's Office.

OWNER OCCUPIED PROPERTIES. If your property is 100% owner-occupied, please indicate by checking question #4, as being 100% occupied, on the summary page, and then return this form by June 1, 2012.

HOW TO FILE. Please fill out the attached 2011 Annual Income and Expense Report Summary. The data should reflect information for the property for the calendar year 2011. In the income section, list the tenant name, leased area, lease start and end dates, lease type (ex: gross, gross plus electric, triple net), and annual rent. For apartment units, specify the type of unit (ex. efficiency, 1-bedroom) and the number of units per type. In addition, list any additional income (ex: parking, washer/dryer, telecom antennas, billboards). Should the property have vacant space, list the vacant space square footage and the asking rental rate and lease type. Finally, list the operating expenses associated with maintaining the property. A computer printout providing all the required information is acceptable.

QUESTIONS? Phone: 203-946-4800 Fax: 203-946-7122

Mail or hand deliver Report to: DEPARTMENT OF ASSESSMENT
 165 CHURCH STREET
 NEW HAVEN, CT 06510

Property Location / Situs: _____

Parcel ID: _____

MULTIFAMILY APARTMENT RENTALS - SCHEDULE A.

Complete this section for apartment rental activity only.

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

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 rental. Include Office Buildings, Retail Stores, Shopping Centers, Mixed Use Properties, Industrial and Warehouses properties.

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

COPY AND ATTACH ADDITIONAL SHEETS IF NECESSARY

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2012

**CITY OF NEW HAVEN – DEPARTMENT OF ASSESSMENT
ANNUAL INCOME AND EXPENSE REPORT SUMMARY – 2011 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 - 2011

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 Other Property Income _____
18 TOTAL POTENTIAL INCOME (Add Line 9 Through Line 17) _____
19 Loss Due to Vacancy and Credit _____
20 EFFECTIVE ANNUAL INCOME (Line 18 minus Line 19) _____

EXPENSES – 2011

21 Heating/Air Conditioning _____
22 Electricity _____
23 Other Utilities _____
24 Payroll (Excl management, repairs and decorating) _____
25 Supplies _____
26 Management _____
27 Insurance _____
28 Common Area Maintenance _____
29 Leasing Fees/Commissions/Advertising _____
30 Legal and Accounting _____
31 Elevator Maintenance _____
32 Other (Specify) _____
33 _____
34 _____
35 _____
36 _____
37 _____
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) _____

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2012

VERIFICATION OF PURCHASE PRICE

PURCHASE PRICE \$ _____ DOWN PAYMENT \$ _____ PURCHASE DATE _____

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

(Check One)

Fixed	Variable

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 _____

REMARKS. (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 _____

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2012