



2019

**ANNUAL INCOME
AND
EXPENSE**

RETURN TO:

OFFICE OF THE ASSESSOR
15 Gilead Street
Hebron, CT 06248

Telephone: 860-228-5971 ext. 147
Fax: 860-228-4859

FILING INSTRUCTIONS - The Assessor's Office is preparing for the revaluation of all real property located in HEBRON. In order to fairly assess your real property, 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 in accordance with §12-63c(b), which provides that actual rental and operating expenses shall not be a public record and is not subject to the provisions of Section §1-210 (Freedom of Information).**

Please complete and return the completed form to the Hebron Assessor's Office by on or before June 1st, 2020. 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.

GENERAL INSTRUCTIONS - Complete this form for all rented or leased commercial, retail, industrial or combination property. Identify the property and address. **Provide Annual information for the Calendar Year 2019.** **TYPE/USE OF LEASED SPACE:** Indicate use the leased space is being utilized for (i.e., office, retail, warehouse, restaurant, garage, etc.). **ESC/CAM/OVERAGE:** (Circle if applicable) **ESCALATION:** Amount, in dollars, of adjustment to base rent either pre-set or tied to the Inflation Index. **CAM:** Income received from common area charges to tenant for common area maintenance, or other income received from the common area property. **OVERAGE:** Additional fee or rental income. This is usually based on a percent of sales or income. **PROPERTY EXPENSES & UTILITIES PAID BY TENANT:** Indicate the property expenses & utilities the tenant is responsible for. Abbreviations may be used (i.e., "RE" for real estate taxes & "E" for electricity). **VERIFICATION OF PURCHASE PRICE** must be completed if the property was acquired on or after June 1, 2019 or not included in last year filing.

WHO SHOULD FILE - All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. If you believe that you are not required to fill out 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", must complete this form. If a property is partially rented and partially owner-occupied this report must be filed.

IF YOUR PROPERTY IS 100% OWNER-OCCUPIED, OR 100% LEASED TO A RELATED CORPORATION, BUSINESS, FAMILY MEMBER OR OTHER RELATED ENTITY, PLEASE INDICATE BY CHECKING THE FOLLOWING BOX

HOW TO FILE - Each summary page should reflect information for a single property for the year of 2019. If you own more than one rental property, a separate report/form must be filed for each property in this jurisdiction. 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. All property owners must sign & return this form to the Hebron Assessor's Office on or before June 1, 2020 to avoid the Ten Percent (10%) penalty.

A COMPUTER PRINT - OUT IS ACCEPTABLE AS LONG AS ALL THE REQUIRED INFORMATION IS PROVIDED.

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2020

2019 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name _____ Property Name _____
 Mailing Address _____
 (if different from front) _____
 City/State/Zip _____

Apartment
 Office
 Retail
 Mixed Use
 Shopping Ctr.
 Industrial
 Other

1 Primary Property Use (Check One)

2 Gross Building Area

(Including Owner-Occupied Space)

3 Net Leasable Area

4 Owner-Occupied Area

5 Number Of Units

Sq. Ft.

Sq. Ft.

Sq. Ft.

6 Number of Parking Spaces

7 Actual Year Built

8 Year Remodeled

INCOME

9 Apartment Rentals (From Schedule A)

10 Office Rentals (From Schedule B)

11 Retail Rentals (From Schedule B)

12 Mixed Rentals (From Schedule B)

13 Shopping Center Rentals (From Schedule B)

14 Industrial Rentals (From Schedule B)

15 Other Rentals (From Schedule B)

16 Parking Rentals

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

21 Heating/Air Conditioning

22 Electricity

23 Other Utilities

24 Payroll (Except management)

25 Supplies

26 Management

27 Insurance

28 Common Area Maintenance

29 Leasing Fees / Commissions / Advertising

30 Legal and Accounting

31 Elevator Maintenance

32 Tenant Improvements

33 General Repairs

34 Other (Specify) _____

35 Other (Specify) _____

36 Other (Specify) _____

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 Payment (Principal and Interest)

SCHEDULE A - 2019 APARTMENT RENT SCHEDULE

Complete this Section for Apartment Rental activity only.

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE SQ. FT.	MONTHLY RENT		TYPICAL LEASE TERM
	TOTAL	RENTED	ROOMS	BATHS		PER UNIT	TOTAL	
EFFICIENCY								
1 BEDROOM								
2 BEDROOM								
3 BEDROOM								
4 BEDROOM								
OTHER RENTABLE UNITS								
OWNER/MANAGER/JANITOR OCCUPIED								
SUBTOTAL								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
TOTALS								

BUILDING FEATURES INCLUDED IN RENT

(Please Check All That Apply)

- Heat
- Electricity
- Other Utilities
- Air Conditioning
- Stove/Refrigerator
- Dishwasher
- Garbage Disposal
- Furnished Unit
- Security
- Pool
- Tennis Courts
- Parking

Other Specify _____

SCHEDULE B - 2019 LESSEE SCHEDULE

Complete this Section for all other rental activities except apartment rental.

NAME OF TENANT	LOCATION OF SPACE	LEASE TERM			ANNUAL RENT			PARKING			INTERIOR FINISH			
		START	END	SQ.FT	BASE	ESC/CAM OVERAGE	TOTAL	TOTAL PER SQ. FT.	NO. OF SPACES	ANNUAL RENT	OWNER	TENANT	COST	
TOTALS														

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

VERIFICATION OF PURCHASE PRICE

Report purchases on or after June 1, 2019

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

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? \$ _____ (Value)
 EQUIPMENT? _____ (Value)
 OTHER (Specify) \$ _____ (Value)

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE? (Check One) YES NO

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

Remarks - Please explain any special circumstances or reasons concerning your purchase (i.e., vacancy, conditions of sale, etc.)

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, 2020