



**CITY OF MERIDEN OFFICE OF THE ASSESSOR
APARTMENT BUILDING
Income and Expense Survey for Calendar Year 2019**

Information provided is CONFIDENTIAL, in accordance with Connecticut General Statutes

Owner of Record: _____
 Property Address: _____
 Name of Facility: _____ Property ID# _____
 Form Preparer/Position: _____
 Telephone Number: _____ Email _____
 Year of Construction: _____ Total Number of Apartment Units: _____

Type and Number of Units:
 Studio _____ 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom _____
 Other (Please describe and indicate number) _____

Are any units subject to rent regulation? _____
 (if so, please indicate number and type) _____

Please Indicate Appliances Furnished with each Unit:

<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Stove	<input type="checkbox"/> Wall Oven
<input type="checkbox"/> Microwave	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> Washer	<input type="checkbox"/> Dryer	<input type="checkbox"/> Other: _____

Air Conditioning:
 None Central Building Unit Central Apartment Unit
 Individual Apartment Unit(s) Provided by Landlord (No. _____)

Utilities: (indicate whether Landlord [L] or Tenant [T] pays)
 Gas _____ Electric _____ Water _____ Sewer _____ Cable _____ Internet _____

Are Any Units Furnished? _____ (if yes, specify number) _____

Total Sq. Ft area of basement: _____ Sq. Ft. of Basement Finish: _____

Elevator: Yes ____ No ____ Sprinklers: Yes ____ No ____

Are there any charges to tenants for services not included in the rental rate of an Apartment?
 (if yes, please explain

Annual percent vacancy (Avg. over past 3 years): _____ Is This Typical: Yes ____ No ____
 (Must be Actual)

Do any of the subsequent income and expense figures for the above stated reporting period differ significantly from the property's normal operating experience: Yes ____ No ____
 If yes, please explain: _____



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Statement of Income (please read definitions below first)

Gross Rental Income.....the total annual income from the rental of space assuming that all space is 100% occupied. The fair rental value of an employee's apartment would be included.

Other Incomethe income from services that are corollary to the operation of the real estate. It is income generated by operation of the real property, but not derived directly from apartment rental. Examples of other income would include income from laundry rooms or income from vending machines.

Unit Type	No. of Units		Room Count		Unit Size	Monthly Rent		Typical
	Total	Rented	Rooms	Baths	Sq. FT.	Per Unit	Total	Lease Term
Efficiency								
1 Bedroom								
2 Bedroom								
3 Bedroom								
4 Bedroom								
Other Rentable Units								
Owner/ Manager/ Superintendent Occupied								
Total Monthly Rent								
1. Total Gross Annual Rent (Total Monthly x 12)								

Source Of Income (ie.Laundry, Vending, Parking, etc. Please Describe)	Annual Amount
2. Total Other Income	
3. Total Potential (Annual) Gross Income (1. + 2.)	
4. 2019 Vacancy and Collection Loss	
5. Total Effective Gross Income (Total Potential (Annual) Gross income – Vacancy and Collection loss)	

RETURN TO ASSESSOR ON OR BEFORE August 15, 2020

August 15, 2020 is the FILING DEADLINE not a postmark date per CGS.



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Statement of Expenses (please read guidelines below first) - If the expense item is applicable to the operation of the real property, please insert the appropriate amount of the expense. If an expense item is not listed, space is provided under other expense items to insert the type of expense and the amount. The annual expense item must coincide with the same annual period specified for gross income. Please allocate expense items that are not incurred annually into an annual amount.

Annual Operating Expenses

- Advertising _____
- Administrative _____
- Cable/internet services _____
- Decorating/Painting _____
- Electric _____
- Exterminating _____
- Gas/Oil _____
- Heat _____
- Insurance _____
- Leasing Commissions _____
- Janitorial/Cleaning _____
- Management _____
- Payroll _____
- Repair and Maint: Building _____
- Repair and Maint: Grounds _____
- Reserves for Replacement (Attach Detail) _____
- Rubbish Removal _____
- Security _____
- Sewer _____
- Snow Removal _____
- Supplies (Office, Cleaning,) _____
- Water _____
- Other (Define) _____
- Other (Define) _____
- Other (Define) _____
- Other (Define) _____

Total Operating Expenses \$ _____

Net Operating Income \$ _____
(Effective Gross Income – Total Operating Expenses)

Please include a copy of your year-end Income Summary.

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? Yes No

If yes, explain: _____

Please attach comments or other information on a separate page.

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Verification of Purchase Price

Purchase Price	\$ _____	Down Payment	_____	Date of Purchase	_____	(Check One)	
Date of Last Appraisal	_____	Appraisal Firm	_____	Appraised Value	_____	Fixed Rate	Variable Rate
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 payment for furniture and or equipment ? Yes No

Has the property been listed for sale since your purchase? Yes No If, Yes please state Asking Price _____, Date Listed _____, Broker _____

Remarks: Explain special circumstances or reason for your purchase. _____

Signature and Affidavit of Facts

As Required by Section 12-63c (d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form, 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.

Any form returned incomplete will not be accepted and be subject to the 10 percent penalty. Any form received after August 15, 2020, will have a 10% penalty applied to the October 1, 2019 Grand List billing cycle..

I do hereby declare under penalties of false statement that the information provided is 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 _____ Phone _____

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