



CITY OF MERIDEN OFFICE OF THE ASSESSOR
ROOMING/BOARDING HOUSE/GROUP HOME
Income and Expense Survey for Calendar Year 2021

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 Bedrooms: _____

Total Number of Baths _____ # of Full Baths _____ # of Half Baths _____

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

Please Indicate Appliances Furnished:

- | | | |
|---------------------------------------|-------------------------------------|---|
| <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 Individual 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 a room?
(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 room 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 room rental. Examples of other income would include income from laundry rooms or income from vending machines.

Unit Type Tenant/ Room# Attach rent roll if rent per unit varies	No. of Units		Room Count		Unit Size	Monthly Rent		Typical
	Total	Rented	Rooms	Baths	Sq. FT.	Per Unit	Total	Lease Term
Room 1								
Room 2								
Room 3								
Room 4								
Room 5								
Room 6								
Room 7								
Other Rentable Units								
Owner/ Manager/ Superintendent Occupied								
Total Monthly Rent								
1. Total Annual Rent (Total Monthly x 12)								

Source of Other Income (ie.Laundry, Vending, Parking, etc Please Describe)	Annual Amount
2. Total Other Income	
3. Total Potential (Annual) Gross Income (1. + 2.)	
4. Actual Income Collected for Calendar Year 2021	

Total Effective Gross Income _____
 (Total Potential Gross Income-Amount Actually Collected)

RETURN TO ASSESSOR ON OR BEFORE June 1, 2022
 June 1, 2022 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) _____	_____

Total Operating Expenses \$ _____

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

Real State Taxes	_____
Depreciation	_____
Mortgage Interest	_____

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

Comments or Additional Information (may be attached):



**CITY OF MERIDEN OFFICE OF THE ASSESSOR
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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. _____

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 June 1, 2022, will have a 10% penalty applied to the October 1, 2021 Grand List, July 1, 2022 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 _____ **Title** _____
(print) _____ **Phone** _____

Signature and Affidavit of Facts