

OFFICE OF THE ASSESSOR
2015 Annual Income and Expense Report

Property Location: _____
(must be completed)

Town of Branford
1019 Main St, PO Box 150
Branford, CT 06405-3771
TEL: 203-488-2039
FAX: 203-315-3334

Property Owner: _____
(must be completed)

FILING INSTRUCTIONS: The Assessor's Office is preparing for the revaluation of all real property located in Branford. 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 Branford Assessor's Office on or before JUNE 1, 2016.

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 2015.** **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 transaction occurred within the past three (3) years.

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 2015. 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 Branford Assessor's Office on or before JUNE 1, 2016 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, 2016

2015 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner _____ Property Name _____
Mailing Address _____ Property Address _____
City/State/Zip _____ Map/Block/Lot _____

1. Primary Property Use (Circle One) A. Apartment B. Office C. Retail D. Mixed Use E. Shopping F. Industrial G. Other _____

2. Gross Building Area (Including Owner –Occupied Space) _____ Sq. Ft.

3. Net Leasable Area _____ Sq. Ft.

4. Owner-Occupied Area _____ Sq. Ft.

5. No. of Units _____

6. Number of Parking Spaces _____

7. Actual Year Built _____

8. Year Remodeled _____

INCOME – 2015

9. Apartment Rental (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 _____

16. Parking Rentals _____

17. Other Property Income _____

18. **TOTAL POTENTIAL INCOME** (Add Line 9 through 17) _____

19. Loss Due to Vacancy and Credit _____

20. **EFFECTIVE ANNUAL INCOME** (Line 18 Minus Line 19) _____

EXPENSES – 2015

21. Heating/Air Conditioning _____

22. Electricity _____

23. Other Utilities _____

24. Payroll (Except management, repair & decorating) _____

25. Supplies _____

26. Management _____

27. Insurance _____

28. Common Area Maintenance _____

29. Maintenance & Repairs _____

30. Leasing Fees/Commissions/Advertising _____

31. Legal & Accounting (Professional Fees) _____

32. Elevator Maintenance _____

33. Reserve for Replacement _____

34. Security _____

35. Other (specify) _____

36. Other (specify) _____

37. Other (specify) _____

38. **TOTAL EXPENSES** (Add Lines 21 through 37) _____

39. **NET OPERATING INCOME** _____

40. Capital Expenditures _____

41. Real Estate Taxes _____

42. Mortgage Payment (Principal and Interest) _____

43. Depreciation _____

44. Amortization _____

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1, 2016 TO AVOID THE 10% PENALTY

SCHEDULE A – 2015 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)								
TOTAL								

BUILDING FEATURES INCLUDED IN RENT
(PLEASE CHECK ALL THAT APPLY)

☐ Heat
☐ Garbage Disposal

☐ Electricity
☐ Furnished Unit

☐ Other Utilities
☐ Security

☐ Air Conditioning
☐ Pool

☐ Tennis Courts
☐ Dishwasher

☐ Stove Refrigerator

☐ Other Specify _____

SCHEDULE B – 2015 LESSEE RENT SCHEDULE Complete this Section all other rental activities *except* apartment rental.

[illegible]

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

VERIFICATION OF PURCHASE PRICE

(Complete verification section only if property transaction occurred within past three (3) years)

(CHECK ONE)

FIXED	VARIABLE

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

FIRST MORTGAGE \$ _____ INTEREST RATE _____ % PAYMENT SCHEDULE TERM _____ YEARS

SECOND MORTGAGE \$ _____ INTEREST RATE _____ % PAYMENT SCHEDULE TERM _____ YEARS

OTHER \$ _____ INTEREST RATE _____ % PAYMENT SCHEDULE TERM _____ YEARS

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: FURNITURE? \$ _____ (value) EQUIPMENT? \$ _____ (value) OTHER (specify) \$ _____ (value)

WAS THE SALE BETWEEN RELATED PARTIES? (Circle One): **YES** **NO** APPROXIMATE VACANCY AT DATE OF PURCHASE _____ %

WAS AN APPRAISAL USED IN THE PURCHASE OR FINANCING (Circle One): **YES** **NO** APPRAISED VALUE/NAME OF APPRAISER _____

PROPERTY CURRENTLY LISTED FOR SALE? (Circle 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 _____

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