

Town of Bolton Assessor's Office
Multi-Family Property

Income and Expense Survey for Calendar Year 2024

Information provided is CONFIDENTIAL, in accordance with Connecticut Law

Property Address: _____

Form Preparer/Position: _____

Telephone Number: _____

Email: _____

Gross Building Area (GBA): _____ square feet

Rentable Floor Area: _____ square feet

Parking Available: _____ (number of spaces)

Apartment Configuration and Typical Lease Terms (attach additional pages if necessary)

Unit Configuration	Number of Units:		Area	Typical
	Furnished	Unfurnished	(Sq. Ft.)	Rent/Month
Efficiency/studio	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
Total Rooms/BRs/Baths:				
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$
/ / /	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$

Potential Annual Gross Income

Apartment Rent at 100% (including employees' apartment(s)) x 12 months = \$ _____

Other Income (laundry, vending, etc.) \$ _____

Gross Potential Annual Income \$ _____

Indicate which of the following items are included in the rent:

☐ Water & Sewer ☐ Electricity ☐ Cable TV ☐ Heat

☐ Refrigerator ☐ Stove/Range ☐ Dishwasher

☐ Other (explain): _____

Annual vacancy for 2024: _____ % Current # units vacant: _____

(Multi-family Property Cont'd.)

Vacancy and Collection Loss (annualized): \$ _____

Effective Gross Income (Potential less vacancy) \$ _____

Annual Operating Expenses

Fixed Expenses

Real Estate Taxes \$ _____

Property Insurance \$ _____

Variable Expenses

Repairs and Maintenance \$ _____

Reserves \$ _____

Utilities \$ _____

Security \$ _____

Administrative Costs \$ _____

Management Fee \$ _____

Services \$ _____

Other (explain) \$ _____

Total Operating Expenses: \$ _____

Net Operating Income: \$ _____

Please include your Income Summary, rent roll & typical lease.

Yes No

☐ ☐ Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If yes, please explain on a separate page and attach any other comments or information which may be helpful in understanding the nature of your property and applicable lease(s).

Signature/Position

Date