

## ***Town of Bolton Assessor's Office***

### **Retail 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: \_\_\_\_\_

<u>General Description Information</u> (Please check applicable category and complete the related question.)			
Property is totally owner-occupied	<input type="checkbox"/>	Occupied Area	_____ Sq. Ft.
Property is owner-occupied with tenants	<input type="checkbox"/>	Total Building Area	_____ Sq. Ft.
		Owner-occupied Area	_____ Sq. Ft.
		Tenant-occupied Area	_____ Sq. Ft.
Property is fully leased	<input type="checkbox"/>	Gross Leaseable Area (GLA)	_____ Sq. Ft.
		Gross Building Area	_____ Sq. Ft.
Property is: Vacant	<input type="checkbox"/>	Total Building Area	_____ Sq. Ft.
Available for Sale	<input type="checkbox"/>	Asking/List Price	_____ Sq. Ft.
Available for Lease	<input type="checkbox"/>	Asking Rent	_____ per Sq. Ft.
Holding for future use	<input type="checkbox"/>	Please describe:	_____
# Units/Unit sizes	<input type="checkbox"/> 0-500sf	<input type="checkbox"/> 500-1,500sf	<input type="checkbox"/> 1,500-3,000sf
	<input type="checkbox"/> 3,000-5,000sf	<input type="checkbox"/> 5,000-10,000sf	<input type="checkbox"/> 10,000-20,000sf
	<input type="checkbox"/> 20,000-50,000sf	<input type="checkbox"/> >50,000sf	
Parking Available	_____	(number of spaces)	

### **Annual Operating Receipts**

Base Rental Income – minimum \$ \_\_\_\_\_

Additional Base Rental Income – overages \$ \_\_\_\_\_

Total Rent \$ \_\_\_\_\_

Other Income (Reimbursements from Tenants):

Common Area Charges \$ \_\_\_\_\_

Property Tax Reimbursement \$ \_\_\_\_\_

Insurance Reimbursement \$ \_\_\_\_\_

Utility Charge Reimbursement \$ \_\_\_\_\_

**Potential Gross Income** \$ \_\_\_\_\_

**Vacancy & Collection Loss (annualized)** \$ \_\_\_\_\_

**Effective Gross Income (Potential less Vacancy)** \$ \_\_\_\_\_

(Retail Property Cont'd.)

		Annual Operating Expenses		
		CAM*	Paid By	Paid By
		Expense	Landlord	Tenants
<b><u>Fixed Expenses</u></b>				
Real Estate Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Variable Expenses</u></b>				
Repair & Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lot Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Removal	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising/Promotional	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Expenses	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Services	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leasing Agent Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Operating Expenses</b>		<b>\$ _____</b>		
<b>Net Operating Income (Effective less Expenses)</b>		<b>\$ _____</b>		

Please include your 2024 Income Summary, rent roll and typical lease. Attach comments or other information on a separate page.

_____/_____ Signature/Position	_____ Date
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\* Common Area Maintenance