



**CITY OF NEW BEDFORD**  
ASSESSING DEPARTMENT

133 William Street, Room 109, New Bedford, MA 02740

**REQUEST FOR WRITTEN RETURN UNDER GENERAL LAWS, CHAPTER 59, SECTION 61A**  
**ANNUAL INCOME AND EXPENSE QUESTIONNAIRE**

INFORMATION SUBMITTED WILL REMAIN CONFIDENTIAL

GENERAL INFORMATION: As an owner or lessee of an income producing property, including but not limited to, commercial, industrial, mixed use or apartment building of four units or more you are well aware that there are, in addition to physical characteristics of a property, certain market, cost and economic factors, which must be considered to ensure an objective, fair and equitable valuation. We would therefore appreciate your providing our office with all applicable information requested below. You may do so by either completing this form or by attaching a copy of your own records whichever is more convenient. Please return the completed form to the Assessing Department within thirty (30) days after receipt. "Failure of the applicant to comply with the provisions of this section within thirty days after such request shall bar him from any statutory appeal under this chapter unless the applicant was unable to comply with such request for reasons beyond his control or unless he attempted to comply in good faith."

MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ CLASS CODE: \_\_\_\_\_

**RES**

LOCATION: \_\_\_\_\_ DATE MAILED: \_\_\_\_\_  
 DATE GIVEN: \_\_\_\_\_

**SECTION A: ANNUAL INCOME FOR CALENDAR YEAR: \_\_\_\_\_**

Please indicate UNITS and/or SPACES, which are owner occupied  
 Please indicate vacant UNITS and/or SPACES and number of months vacant

| <u>TYPE OF APARTMENT</u> | <u>LOC FLOOR #</u> | <u>No. OF UNITS</u> | <u>RENT PER MONTH</u> | <u>ANNUAL INCOME</u> |
|--------------------------|--------------------|---------------------|-----------------------|----------------------|
| STUDIO/EFF               | _____              | _____               | \$ _____              | \$ _____             |
|                          | _____              | _____               | \$ _____              | \$ _____             |
| 1 BEDROOM                | _____              | _____               | \$ _____              | \$ _____             |
|                          | _____              | _____               | \$ _____              | \$ _____             |
| 2 BEDROOMS               | _____              | _____               | \$ _____              | \$ _____             |
|                          | _____              | _____               | \$ _____              | \$ _____             |
| 3 BEDROOMS               | _____              | _____               | \$ _____              | \$ _____             |
|                          | _____              | _____               | \$ _____              | \$ _____             |
| 4 BEDROOMS               | _____              | _____               | \$ _____              | \$ _____             |
|                          | _____              | _____               | \$ _____              | \$ _____             |
|                          | _____              | _____               | \$ _____              | \$ _____             |

RENT INCLUDES:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOTALS:** \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

MISCELLANEOUS INCOME: PARKING/GARAGE: # of SPACES \_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
 SIGNS/BILLBOARDS # of SIGNS \_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
 LAUNDRY, VENDING MACHINES, ETC. \$ \_\_\_\_\_/YEAR

DOCKING FACILITIES: LEASABLE LINEAR FT.: \_\_\_\_\_ \$ \_\_\_\_\_/LF \$ \_\_\_\_\_/YEAR  
 No. of BOAT SLIPS: \_\_\_\_\_ \$ \_\_\_\_\_/SL \$ \_\_\_\_\_/YEAR

EXPENSES REIMBURSED BY TENANT: (Taxes, Utilities, Insurance, etc.)  
 PLEASE BE SPECIFIC: \_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
 \_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
 \_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
 \_\_\_\_\_ \$ \_\_\_\_\_/YEAR

**ACTUAL TOTAL INCOME RECEIVED FROM RENTALS:** \$ \_\_\_\_\_

**SECTION B: ANNUAL OPERATING EXPENSES FOR CALENDAR YEAR: \_\_\_\_\_**

**\*\* (DO NOT INCLUDE REAL ESTATE TAXES OR DEBT SERVICE) \*\***

|   |                               |          |          |
|---|-------------------------------|----------|----------|
| <u>MANAGEMENT:</u>                          | Fees & Commissions            | \$ _____ |          |
|   | Legal & Accounting            | \$ _____ |          |
|   | Advertising                   | \$ _____ | \$ _____ |
| <u>UTILITIES:</u>                           | Fuel (Oil/Gas)                | \$ _____ |          |
|   | Electricity                   | \$ _____ |          |
|   | Water & Sewer                 | \$ _____ | \$ _____ |
| <u>MAINTENANCE:</u>                         | Wages & Benefits              | \$ _____ |          |
|   | Material & Supplies           | \$ _____ |          |
|   | Service & Repairs             | \$ _____ |          |
|   | Painting & Decorating         | \$ _____ |          |
|   | Trash & Snow Removal          | \$ _____ |          |
|   | Housekeeping                  | \$ _____ |          |
|   | Contract Services             | \$ _____ |          |
|   | Miscellaneous                 | \$ _____ | \$ _____ |
| <u>INSURANCE:</u>                           | Circle: (1YR) or (3YR) Policy | \$ _____ | \$ _____ |
| <u>RESERVES:</u><br>(Over a 20-year period) | Roof Replacement              | \$ _____ |          |
|   | Plumbing & Electrical         | \$ _____ | \$ _____ |
| <b>TOTAL ANNUAL OPERATING EXPENSES:</b>     |                               |          | \$ _____ |

**SECTION C: SALES AND MORTGAGE DATA (Fill out only if within the last 10 years)**

DATE of PURCHASE: \_\_\_\_\_ PURCHASE PRICE: \$ \_\_\_\_\_

Please indicate the amount if any, of the Purchase Price paid for consideration other than Real Estate.

ITEMS: \_\_\_\_\_ \$ \_\_\_\_\_

MORTGAGE: TERM: \_\_\_\_\_ YRS INTEREST: \_\_\_\_\_ % \$ \_\_\_\_\_

**CONSTRUCTION COST DATA (Fill out only if within the last 10 years)**

SITE IMPROVEMENT: YEAR: \_\_\_\_\_ AREA: \_\_\_\_\_ \$ \_\_\_\_\_

BUILDING: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

ADDITIONS: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

DEMOLITION: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

PAVING: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

OTHER YARD ITEMS: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

I hereby certify under pains and penalties of perjury that the information supplied in this requisition is true and accurate.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number