



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 38D
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 sixty (60) days of this request. "Failure of an owner or lessee of real property to comply with such request within sixty days after it has been made shall bar him from any statutory appeal under this chapter, unless such owner or lessee was unable to comply with such request for reasons beyond his control. If any owner or lessee of real property in a return made under this section makes any statement which he knows to be false in a material particular, such false statement shall bar him from any statutory appeal under this chapter."

MAP: _____ LOT: _____ CLASS CODE: _____

COM/IND

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>TENANT NAME</u>	<u>TYPE OF USE</u>	<u>LOC FLOOR #</u>	<u>SQ. FT. AREA</u>	<u>RENT PER MONTH</u>	<u>ANNUAL INCOME</u>	<u>LEASE BEGIN - END</u>
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
_____	_____	_____	_____	\$ _____	\$ _____	_____ - _____
TOTALS:				\$ _____	\$ _____	

GASOLINE STATIONS: CAPACITY: _____ Gallons, ANNUAL GALLONAGE: _____ Gallons
(Please attach a copy of the Profit and Loss Statement)

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> (Over a 20-year period)	Roof Replacement	\$ _____	
	Plumbing & Electrical	\$ _____	\$ _____
TOTAL ANNUAL OPERATING EXPENSES:			\$ _____

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