

INCOME & EXPENSE DATA WORKSHEET
FOR THE 2019-2020 TOWN OF OSSINING REASSESSMENT PROJECT

Annual Income and Expense Statement

for the year ending: _____ PROPERTY ADDRESS: _____

PROPERTY USE (check all that apply): Apartment Office Retail Mixed Use Shopping Center Industrial Other _____

CHECK HERE IF ANY PART OF THIS PROPERTY IS OWNER OCCUPIED:

- | | | |
|--|---------|--------------------------------------|
| 1. Total gross building area
(Including owner-occupied space) _____ | Sq. Ft. | 5. Number of parking spaces _____ |
| 2. Owner-occupied area _____ | Sq. Ft. | 6. Actual Year Built, if known _____ |
| 3. Net Leasable area _____ | Sq. Ft. | 7. Year Remodeled _____ |
| 4. Number of rental units, including owner-occupied _____ | | |

ACTUAL GROSS INCOME *	LESS, ACTUAL EXPENSES
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- | | |
|--|--|
| 8. Apartment Rents (From Schedule A) _____ | 20. Heating fuel _____ |
| 9. Office Rents (From Schedule B) _____ | 21. Gas and electricity _____ |
| 10. Retail Rents (From Schedule B) _____ | 22. Water and sewer _____ |
| 11. Mixed Rents (From Schedule B) _____ | 23. Other utilities _____ |
| 12. Shopping Center Rents (From Schedule B) _____ | 24. Payroll (do not include management) _____ |
| 13. Industrial Rents (From Schedule B) _____ | 25. Supplies _____ |
| 14. Other Rents (From Schedule B) _____ | 26. Management _____ |
| 15. Parking Rents _____ | 27. Insurance _____ |
| 16. Other Misc income (e.g. CAM, INS or TAX Reimbursement) _____ | 28. Common Area Maintenance _____ |
| 17. TOTAL ACTUAL GROSS INCOME = _____ | 29. Leasing Fees/Commissions/Advertising _____ |
| 18. Less, losses from vacancy and credit collection _____ | 30. Legal and Accounting _____ |
| 19. EFFECTIVE GROSS ANNUAL INCOME = _____ | 31. Elevator maintenance _____ |

* Do not include estimates for vacancies

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|-----------------------------------|
| 32. Tenant improvements _____ |
| 33. General repairs _____ |
| 34. Other (specify) _____ |
| 35. Other (specify) _____ |
| 36. Other (specify) _____ |
| 37. Reserves _____ |
| 38. Security _____ |
| 39. TOTAL ACTUAL EXPENSES = _____ |
| 40. NET OPERATING INCOME = _____ |

DO NOT INCLUDE TAXES, DEPRECIATION OR MORTGAGE PAYMENTS AS AN EXPENSE

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

PURCHASE PRICE VERIFICATION

~ Complete this section if the property was purchased within the last 10 years ~

~ ALL OWNERS MUST SIGN AND DATE THE ATTESTATION BELOW ~

Purchase Price \$ _____ Down Payment: \$ _____ Purchase Date: _____

Selling Broker: _____ Broker Telephone#: _____

Date of Last Appraisal: _____ Appraisal Firm: _____ Appraised Value: \$ _____

First Mortgage: \$ _____ Interest Rate: _____% Payment Schedule Term: _____ Years Fixed Variable

Did the purchase price include monies allocated for: Furniture? \$ _____ Equipment? \$ _____ Other? \$ _____

PROPERTY CONDITION: _____ ESTIMATE OF REPAIRS NEEDED AT THE TIME OF SALE: \$ _____

Has the property been listed for sale since your purchase? Yes No

If yes, provide list price: \$ _____ Date listed: _____ Listing broker: _____ Broker's Telephone #: _____

COMMENTS: Please explain any special circumstances, or extraordinary factors that affected the purchase price, e.g., vacancy, seller motivation, conditions of sale, property condition, favorable seller financing, etc. Use this area for any other helpful information or comments.

ATTESTATION:

I DO HEREBY DECLARE THAT THE FOREGOING INFORMATION, ACCORDING TO THE BEST OF MY KNOWLEDGE, MEMORY AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY.

Signature: _____ Name (Print): _____ Date: _____

Title: _____ Telephone #: _____

When finished, please email this document plus any other supporting documentation (such as an audited financial statements) to: mmrc@tylertech.com