



Town of Vernon Assessor's Office

8 Park Place, Vernon, CT 06066
 Tel: (860) 870-3625
 Fax: (860) 870-3586
 E-mail: dwheeler@vernon-ct.gov

**Retail Property
 Income and Expense Survey for Calendar Year 2019**
 Information provided is CONFIDENTIAL, in accordance with Connecticut Law.
Please submit prior to June 1st, 2020 to avoid a 10% Assessment Penalty

Property Name (if applicable): _____
 Property Address: _____
 Form Preparer/Position: _____
 Telephone Number: _____

<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) \$ _____

1 Total floor area designed for tenants' exclusive use for which tenants pay rent and which produces income.



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(Retail Property Cont'd.)

Annual Operating Expenses

		CAM* Expense	Paid By Landlord	Paid By Tenants
<u>Fixed Expenses</u>				
Real Estate Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Variable Expenses</u>				
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"/>
Total Operating Expenses	\$ _____			
Net Operating Income (Effective less Expenses)	\$ _____			

Please include your 2019 Income Summary, rent roll and typical lease. Attach comments or other information on a separate page.

_____/_____
 Signature/Position Date

* Common Area Maintenance