

2019 ANNUAL INCOME AND EXPENSE REPORT WORKSHEET (Title 58.1-3294 Code of Virginia)

Owner Name _____	Business Name _____
Mailing Address _____ (if different from front) _____	Property Location _____
City, State, Zip _____	Tax Map Number _____
	PID Number (REQUIRED) _____

1 **Primary Property Use** (Check One) 1

<input type="checkbox"/> Apartment	<input type="checkbox"/> Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Mixed Use	<input type="checkbox"/> Shopping Ctr.	<input type="checkbox"/> Industrial	<input type="checkbox"/> Hotel/Motel/Inn/Timeshare
<input type="checkbox"/> Single Net	<input type="checkbox"/> Double Net	<input type="checkbox"/> Triple Net	<input type="checkbox"/> Gross (Full)	<input type="checkbox"/> Bond	<input type="checkbox"/> Percentage	<input type="checkbox"/> Other _____

Lease Type (Check One)

2 Gross Building Area _____

(Including Owner-Occupied Space) 3 Net _____

Leasable Area _____

4 Owner-Occupied Area _____

5 Number Of Units _____

6 Vacancy Percentage/Occupancy Rate _____

Sq. Ft. _____

Sq. Ft. _____

Sq. Ft. _____

7 Number of Parking Spaces _____

8 Actual Year Built _____

9 Year Remodeled _____

10 Average Daily Rate _____

11 Total Room Nights Sold _____

INCOME

9 Apartment Rentals (From Schedule A) _____

10 Office Rentals (From Schedule B) _____

11 Retail Rentals (From Schedule B) _____

12 Mixed Rentals (From Schedule B) _____

13 Shopping Center Rentals (From Schedule B) _____

14 Industrial Rentals (From Schedule B) _____

15 Hotel/Motel/Inn/Timeshare _____

16 Other Income (From Schedule B) _____

17 Parking Rentals/Misc Income _____

18 TOTAL POTENTIAL INCOME _____

(Add Line 9 Through Line 17)

19 Loss Due to Vacancy and Credit _____

20 EFFECTIVE ANNUAL INCOME _____

(Line 18 Minus Line 19)

99 SIGNATURE _____

EXPENSES

21 Heating/Air Conditioning _____

22 Electricity _____

23 Water and Sewer _____

24 Other Utilities (Please Specify) _____

25 Maintenance Supplies _____

26 HVAC Repair _____

27 Electric/Plumbing Repair _____

28 Elevator Maintenance _____

29 Roof Repair _____

30 Common Area Repair _____

31 Decorating _____

32 Other Repairs/Maintenance (Please Specify) _____

33 Management Fees _____

34 Other Administrative (Please Specify) _____

35 Services (Landscape/Security/Cleaning) _____

36 Insurance _____

37 Other Fees (Please Specify) _____

38 TOTAL EXPENSES (Add Lines 21 Through 37) _____

39 NET OPERATING INCOME (Line 20 Minus Line 38) _____

40 Capital Expenses _____

41 Real Estate Taxes _____

42 Mortgage Payment (Principal and Interest) _____

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CONFIDENTIAL



RETURN TO THE ASSESSOR ON OR BEFORE March 1, 2020

SCHEDULE A - 2019 APARTMENT RENT SCHEDULE

Complete this Section for Apartment Rental activity only.

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE	MONTHLY RENT		TYPICAL
	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	PER UNIT	TOTAL	LEASE TERM
EFFICIENCY								
1 BEDROOM								
2 BEDROOM								
3 BEDROOM								
4 BEDROOM								
OTHER RENTABLE UNITS								
OWNER/MANAGER/JANITOR OCCUPIED								
SUBTOTAL								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
TOTALS								

BUILDING FEATURES INCLUDED IN RENT

(Please Check All That Apply)

- | | |
|--|---|
| <input type="checkbox"/> Heat | <input type="checkbox"/> Furnished Unit |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Security |
| <input type="checkbox"/> Other Utilities | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Stove/Refrigerator | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Dishwasher | |
| <input type="checkbox"/> Garbage Disposal | |
| <input type="checkbox"/> Other Specify _____ | |



SCHEDULE B - 2019 LESSEE SCHEDULE

Complete this Section for all other rental activities except apartment rental.

NAME OF TENANT	LOCATION OF SPACE	LEASE TERM			ANNUAL RENT				PARKING		INTERIOR FINISH		
		START	END	SQ.FT	BASE	ESC/CAM OVERAGE	TOTAL	TOTAL PER SQ. FT.	NO. OF SPACES	ANNUAL RENT	OWNER	TENANT	COST
TOTALS													

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

VERIFICATION OF PURCHASE PRICE

If Purchased in the Last 3 Years

PURCHASE PRICE \$ _____ DOWN PAYMENT \$ _____ DATE OF PURCHASE _____
DATE OF LAST APPRAISAL _____ APPRAISAL FIRM _____ APPRAISED VALUE _____

					(Check One)
					FIXED VARIABLE
FIRST MORTGAGE	\$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS		
SECOND MORTGAGE	\$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS		
OTHER	\$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS		
CHATTEL MORTGAGE	\$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS		

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: FURNITURE? \$ _____ (Value) EQUIPMENT? _____ (Value) OTHER (Specify) \$ _____ (Value)

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE? (Check One) YES NO

IF YES, LIST THE ASKING PRICE \$ _____ DATE LISTED _____ BROKER _____

Remarks - Please explain any special circumstances or reasons concerning your purchase (I.e., vacancy, conditions of sale, etc.) _____

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

SIGNATURE _____ NAME (Print) _____ DATE _____
TITLE _____ TELEPHONE _____

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