

TOWN OF KILLINGWORTH
ASSESSOR'S OFFICE
323 ROUTE 81
KILLINGWORTH, CT 06419-1298
TELEPHONE # (860) 663-1765 ext 506
FAX # (860) 663-4050

Dear Property Owner:

FILING INSTRUCTIONS In order to assess your real property equitably, information regarding the property income and expenses is required. Connecticut General Statute 12-63c requires all owners of rental real property to annually file this report. **The information filed and furnished with this report will remain confidential and is not open to public inspection.** Any information related to the actual rental and operating expenses shall not be a public record and is not subject to the provisions of Section 1-19 (Freedom of Information) of the Connecticut General Statutes.

Please complete the enclosed forms.
RETURN THE COMPLETED FORM TO THE ASSESSOR'S OFFICE ON OR BEFORE JUNE 1ST.

In accordance with Section 12-63c(d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form or files an incomplete or false form with intent to defraud, shall be subject to a penalty assessment equal to a **Ten Percent (10%) increase** in the assessed value of such property. (The penalty is also applicable to owner-occupied properties who do not file that they are owner-occupied.)

GENERAL INSTRUCTIONS: Complete this form for all rented or leased commercial, retail, industrial or combination property. Identify the property and address. **Provide Annual information for the calendar year.**

WHO SHOULD FILE: *All* individuals and businesses receiving this form should complete and return this form to the Assessor's Office. *All* properties that are rented or leased, including commercial, retail, industrial and residential properties, except "*such property used for residential purposes, containing not more than six dwelling units and in which the owner resides*" must complete this form. *Also*, if a non-residential property is partially rented and partially owner-occupied, this report must be filed.

FOR 100% OWNER OCCUPIED PROPERTIES ONLY: **You do not have to complete the entire form.** Please complete the GENERAL INFORMATION SECTION and Questions 1 through 8 of the enclosed ANNUAL INCOME AND EXPENSE REPORT SUMMARY PAGE. Write "OWNER OCCUPIED" across the middle of the form. Sign and date the last page and return by JUNE 1ST.

HOW TO FILE: Each summary page should reflect information for a single property. If you own more than one property, a separate report/form (income and expense report summary page and the appropriate income schedule) must be filed for each property unless two or more buildings of similar use are on a single property. If two or more buildings of similar use are on a single property, they may be filed on one Report.

Income Schedule A must be filed for apartment rental property and Schedule B must be filed for all other rental properties. A computer printout is acceptable for Schedule A and B, providing all the required information is provided.

If you have any questions concerning these forms or the information required, please call the office at (860) 663-1765, extension 506.

Respectfully,

Donna E. Shanoff

Donna E. Shanoff, CCMA
Assessor

RETURN TO THE ASSESSOR ON OR BEFORE JUNE 1ST

ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name _____

Mailing Address _____

(if different from front)

City/State/Zip _____

Property Name _____

1 Primary Property Use (Check One)

Apartment

Office

Retail

Mixed Use

Shopping Ctr.

Industrial

Other _____

2 Gross Building Area

(Including Owner-Occupied Space)

Sq. Ft.

6 Number of Parking Spaces

3 Net Leasable Area

Sq. Ft.

7 Actual Year Built

4 Owner-Occupied Area

Sq. Ft.

8 Year Remodeled

5 Number Of Units

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 Other Rentals (From Schedule B)

16 Parking Rentals

17 Other Property 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)

EXPENSES

21 Heating/Air Conditioning

22 Electricity

23 Other Utilities

24 Payroll (Except management)

25 Supplies

26 Management

27 Insurance

28 Common Area Maintenance

29 Leasing Fees / Commissions / Advertising

30 Legal and Accounting

31 Elevator Maintenance

32 Tenant Improvements

33 General Repairs

34 Other (Specify) _____

35 Other (Specify) _____

36 Other (Specify) _____

37 Security

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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SCHEDULE A - 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 - 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

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

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

(Check One)	
FIXED	VARIABLE

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 (*Section 12-63c(d) of the Connecticut General Statutes*).

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

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