



Town of Stratford Assessor's Office

Mixed-Use Property
(Retail Including Restaurants, Office and/or Residential)
Income and Expense Survey for Calendar Year 2010

Information provided is CONFIDENTIAL, in accordance with Connecticut General Statutes

Property Name: _____

Property Address: _____

Form Preparer/Position: _____

Telephone Number: _____

General Data

Net Rentable Office Area _____ square feet

Net Rentable Retail Area _____ square feet

Net Rentable Other Area _____ square feet

Total Net Rentable Area _____ square feet

Parking Available _____ (number of spaces)

Check all the categories below which fit your property's use:

- Retail Residential Other: _____
- Office Restaurant

How many tenants hold space in the following areas:

Office area: _____ Retail area: _____ Other area: _____

Potential Annual Gross Income

Office	\$	_____
Retail	\$	_____
Other	\$	_____
Parking Income	\$	_____
Miscellaneous Income	\$	_____
Gross Retail Income (Total)	\$	_____
Vacancy & Collection Loss (annualized)	\$	_____
Effective Gross Income	\$	_____



Annual Operating Expenses

		Paid by Landlord	Pass-through to Tenants
Fixed Expenses			
Real Estate Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Building Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Variable Expenses			
Cleaning ¹	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Repairs and maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Roads/Grounds/Security ²	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Utilities ³	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Administrative ⁴	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Leasing Expense			
Advertising/Promotional	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Commissions	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Alterations	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Buy-outs	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Leasing Costs	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total Operating Expenses	\$ _____		
Net Operating Income	\$ _____		

Please include copies of your year-end Income Summary, rent roll & typical lease, and attach comments or other information on a separate page.

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- 1 Includes payroll and related expenses, contract services, supplies and trash removal.
 - 2 Payroll and related expenses, contract service, other roads and grounds expenses.
 - 3 Electricity, gas, fuel oil, water and sewer.
 - 4 Payroll and related expenses, management fees, professional fees, general office and other administrative expenses.

Signature/Position

Date