

Annual Income and Expense Report Summary Page

Owner: _____	Property Name: _____
Mailing Address: _____	Property Address: _____
City/State/Zip: _____	Parcel ID/SBL: _____
Phone 1: _____ Mobile: _____	Fax: _____
Phone 2: _____ E Mail Address: _____	@ _____

1. Primary Use of Property: Circle appropriate item
 A. Apartment B. Office C. Retail D. Industrial E. Mixed Use F. Shopping Center G. Other: _____

2. Gross Building Area (including Owner Occupied space): _____
 3. Net Leasable Area: _____
 4. Owner Occupied Area: _____
 5. Number of Units: _____
 6. Number of Parking Spaces: _____
 7. Building Age: _____
 8. Year(s) Remodeled: _____

Income

9. Apartment Rentals (attach schedule A)	\$ _____
10. Office Rentals (attach Schedule B)	\$ _____
11. Retail Rentals (attach Schedule B)	\$ _____
12. Mixed Rentals (attach Schedule B)	\$ _____
13. Shopping Center Rentals (attach Schedule B)	\$ _____
14. Industrial Rentals (attach Schedule B)	\$ _____
15. Other Rentals (attach Schedule B)	\$ _____
16. Parking Rentals (attach Schedule B)	\$ _____
17. Other Property Rental/ Income	\$ _____
18. Total Potential Income (sum lines 9 to 17)	\$ _____
19. Loss due to Vacancy and Credit	\$ _____
20. Effective Annual Income (line 18 minus line 19)	\$ _____

Expenses

21. Heat/Air-conditioning	\$ _____	32. Elevator Maintenance	\$ _____
22. Electricity	\$ _____	33. Tenant Improvement (specify)	\$ _____
23. Other Utilities	\$ _____	34. Other (specify) _____	\$ _____
24. Payroll (except mngmt., repair & décor)	\$ _____	35. Other (specify) _____	\$ _____
25. Supplies (janitorial, etc.)	\$ _____	36. Other (specify) _____	\$ _____
26. Management	\$ _____	37. Security	\$ _____
27. Insurance	\$ _____	38. Total Expenses (lines 21 to 27)	\$ _____
28. Common Area Maintenance	\$ _____	39. Net Operating Income	\$ _____
29. Maintenance	\$ _____	40. Capital Expenditure	\$ _____
30. Leasing Fees/Commissions/Advertising	\$ _____	41. Real Estate Taxes	\$ _____
31. Legal	\$ _____	42. Mortgage Payment (P&I)	\$ _____

I hereby declare, under penalty of perjury, that the foregoing information, according to the best of my knowledge, remembrance and belief, is a true and complete statement of all income and expenses attributable to the above - identified property.

Signature: _____ Title: _____
 Print Name: _____ Date: _____

Town of Ramapo
 Office of the Assessor
 237 Rt. 59
 Suffern, NY 10901
 845-357-5100 (ph)
 845-369-6945 (fax)

Return to the Assessor
 on or before, ***but not
 later than 7/1/2011***

Property Address: _____

Property ID/SB: _____

Schedule A

Apartment Rent Schedule

Due: 07-01-2011

Year: Jan 1, 2010 - Dec. 31, 2010

Building Features Included in Rent		Number of Units		Room Count		Unit Size	Monthly Rent		Lease Term	
(Please check all that apply)		Total	Rented	Rooms	Baths	Sq. Ft.	Per Unit	Total	Typical	
<input type="checkbox"/>	Efficiency									
<input type="checkbox"/>	One Bedroom									
<input type="checkbox"/>	Two Bedroom									
<input type="checkbox"/>	Three Bedroom									
<input type="checkbox"/>	Four Bedroom									
<input type="checkbox"/>	Other Rentable Units									
<input type="checkbox"/>	Owner/Manager/Janitor/Occupied									
	SUBTOTAL									
<input type="checkbox"/>	Garage Parking									
<input type="checkbox"/>	Other Income (specify) _____									
<input type="checkbox"/>	Other Income (specify) _____									
<input type="checkbox"/>	Other Income (specify) _____									
	TOTALS									

