

APP



City of Boston Assessing Department

FY APPLICATION FOR ABATEMENT OF REAL ESTATE TAX

Mass. General Laws Ch. 59, § 59

Where to File: Assessing Department, Room 301
One City Hall Square, Boston, MA 02201-1050
Filing Deadline: No later than , .

PLEASE INCLUDE YOUR WARD AND PARCEL NUMBER ON EACH AND EVERY PAGE OF EACH DOCUMENT AND ATTACHMENT THAT YOU SUBMIT WITH THIS FORM.

LONG FORM

Property Identification:

Parcel Number: _____ Bill No.: _____ Class: _____
(Land use)
Assessed Owner (as of 1/1/): _____
*Applicant (if not assessed owner): _____
Total Full Valuation: _____
Location: _____ Zip Code: _____
Street Number and Street Name

Reason for Abatement:

Overvaluation / Improper Classification / Disproportion

(Complete attached Information Requisition Form)

NOTE: Upon filing this application for abatement, you will be required to complete an **Information Requisition Form** (attached) providing more detailed information about the assessed property (Mass. General Laws Ch. 59 § 61A). The failure to provide the information requested on the form **within thirty days of filing your abatement application** may result in the loss of your right to appeal the tax assessed.

Statutory Exemption:

You must complete a **Statutory Exemption Information Requisition** available at Room 301, City Hall. Do NOT complete the standard Information Requisition.

DATE STAMP Here

Authorization: (Complete and Sign below)

STATEMENT OF APPLICANT:

I am aggrieved by the real estate tax assessment of the real estate parcel described above, and hereby apply for abatement. I **also hereby authorize the representative (if any) whose signature appears at right to act on my behalf relative to this application.** I also hereby accept, as of the date of this filing, the attached form requesting additional information in compliance with Chapter 59, Section 61A.

Signature of Applicant/Assessed Owner _____ Date (m/d/yy) _____

Applicant's Name (Last Name) _____ (First Name) _____

Number and Street (Mailing Address) _____

City _____ State _____ Zip Code _____

Phone: Day _____ Cell: _____

Email Address: _____

** Applicant means: Person other than assessed owner such as executor, or trustee, or tenant paying more than 50% of taxes, or subsequent owner, or mortgagee in possession. Must complete "applicant's standing section" on Information Requisition.*

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

STATEMENT OF REPRESENTATIVE: (if any)

I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. I further state that, **in the absence of this applicant's signature, I attach herewith a letter of authorization signed by the applicant.** I also (circle one) file herewith/ have filed/ will file (within 30 days of the date of this application) an Information Requisition with Owner's (or Applicant's) authorization with the City of Boston Assessing Department relative to this abatement application.

Signature of Representative _____ Date (m/d/yy) _____

Representative's Name (Last Name) _____ (First Name) _____

Firm Name _____

Number and Street (Mailing Address) _____

City _____ State _____ Zip Code _____

Telephone Number: _____

ADWEB FRM 2012



FY

City of Boston Assessing Department
INFORMATION REQUISITION

Mass. General Laws Ch. 59, § 61A

PLEASE INCLUDE YOUR WARD AND PARCEL NUMBER ON EACH AND EVERY PAGE OF EACH DOCUMENT AND ATTACHMENT THAT YOU SUBMIT WITH THIS FORM.

Property Identification:

Parcel Number: Bill No.: Class: (Land Use)
Assessed Owner: (as of 1/1/)
Applicant * (if not assessed owner): Total Full Valuation:
Location: Street Number and Street Name Zip Code:
Contact Person:
Mailing Address: Street Number and Street Name
City: State: Zip Code:
Phone #: (Day) (Eve.)

Associated - Parcel Section:

(NOTE: For multi-parcel properties, file one application for each parcel that you want considered for abatement. File all applications together with one Information Requisition covering all parcels, noting MAIN parcel #).

1) Does this property consist of more than one parcel? Yes No
2) If yes, please list all additional WARD and PARCEL #s.
Ward (ex. 01) Parcel No. (ex. 02345-000)
3) Please list MAIN WARD & PARCEL # for completed Information Requisition.
Ward Parcel

Applicant's Standing Section:

If applicant is not assessed owner, what is the basis of applicant's standing?

Authorization Section: (complete and sign below)

Social Security #: Federal ID #:
(REQUIRED FOR REFUND: Write in one of the numbers above)

Owner/Applicant's Statement: I certify under pains and penalties of perjury that the information supplied in this requisition is true and correct. (If applicable) I hereby authorize the representative whose signature appears on my application for abatement under the Authorization Section to act on my behalf relative to my FY abatement application(s).

Signature of Owner or Applicant: Date (m/d/yy)
Print Name:

NOTE: All abatements are subject to jurisdictional requirements under M. G. L. Ch. 59, and final approval by the Board of Review and the Commissioner of Assessing.

REQUIRED SCHEDULES

NOTE: To complete the required schedules, consult the samples. Also complete schedules H and I, if applicable.

* Applicant means: Person other than assessed owner such as executor, or trustee, or tenant paying more than 50% of taxes, or subsequent owner, or mortgagee in possession.

If Your Property is this Type:

Table with 2 columns: Property Type (RESIDENTIAL, COMMERCIAL) and Description (Residential 1-3 Family, Apartments, Condominiums, Mixed Use, Office, Retail, Industrial, Condos, Hotel, Motel)

Complete these schedules:

Table with 2 columns: Property Type and Corresponding Schedules (A, B, C, D, F, G, H, I)

SCHEDULE **A**

General Information

SCA

Parcel Number: _____

PLEASE INCLUDE YOUR WARD AND PARCEL NUMBER ON EACH AND EVERY PAGE OF EACH DOCUMENT AND ATTACHMENT THAT YOU SUBMIT WITH THIS FORM.

PART 1: Reason for Filing. (Please check (X) appropriate reason as of 1/1/)

Not Reflective of Fair Market Value on 1/1/	<i>(Provide three sales that occurred in last two years)</i>	
<u>Property Address</u>	<u>Sale Price</u>	<u>Date of Sale (m/d/yy)</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Recent Sale of Property: Provide the following Information.

1. Date of Sale _____ Price \$ _____
2. Any relation to seller? Yes No
3. Any non-real estate items included in sales price? Yes No
4. Description of items: _____
5. Associated Cost: \$ _____
6. Mortgage Amount: \$ _____
7. Lender's Name: _____
8. Lender's Appraisal Value: \$ _____ *(attach copy)*

Property recently refinanced, appraisal value below assessed value *(attach copy)*

Date of Refinancing (m/d/yy) _____ Amount Financed: \$ _____
 Lender's Appraisal Value: \$ _____

Not in line with comparable assessments. *(Provide value data for three similar properties)*

<u>Property Address</u>	<u>Ward (ex. 01)</u>	<u>Parcel No. (ex.12345-000)</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Improper Classification - Land Use: Please indicate correct Classification: _____
 Please indicate correct Land Use: _____

Incorrect Property Data (Please use PART TWO for detailing information).

Other: _____ *(Please use PART 2 below for detailing information)*

PART 2: Opinion of Value and Additional Comments

1. Owner's opinion of value as of **January 1, ?** \$ _____
2. Additional Comments *(use separate page, if necessary)*

SCHEDULE B

Residential Information

SCB'

Parcel Number: _____

PLEASE INCLUDE YOUR WARD AND PARCEL NUMBER ON EACH AND EVERY PAGE OF EACH DOCUMENT AND ATTACHMENT THAT YOU SUBMIT WITH THIS FORM.

PART 1: One-, two- or three-family ONLY. Effective reporting date is 1/1/ .

1. Property Use: Indicate primary use of the property.

Is the property owner-occupied? YES NO
 Does the property include an in-law or an au-pair unit?
 YES NO

2. Property Description:

A. Year Built: _____
 B. Room Count by Floors: _____

Example:

Floor Level	Total # Rooms	# of Bedrooms	# of Full Baths	# of 1/2 Baths	% Finished Living Area	Heated? (Y or N)	Kitchen? (Y or N)
1	5	3	1	1	100	(Y)	(Y)

Floor Level	Total # Room	# of Bedrooms	# Full Baths	# 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)
-------------	--------------	---------------	--------------	-------------	------------------------	---------------	----------------

Sub Bsmt.							
Bsmt.							
1							
2							
3							
4							
5							
Attic							
_____ TOTAL # of Floor Levels							

C. Heating Type: Choose one. _____

D. Other Features: Check (X) all that apply. Central air conditioning Garage Roof deck
 # of working fireplaces _____
 # of off-street parking spaces _____
 Other amenities: _____

3. Property Improvements: List any remodeling or updating completed within the last five years. (Attach additional information if necessary)

Type	Description of Improvement	Year	Total Cost
Kitchen			
Bath			
Ext. Siding			
Interior			
Additions			
Plumbing			
Electrical			
Roof			
Windows			
Other:			

4. Property Condition: Systems and Structure

Choose one per category.

Heating _____
 Electrical _____
 Plumbing _____
 Roof _____
 Windows _____
 Foundation _____

5. Property Condition Overall: Choose one per category.

Interior _____
 Exterior _____

PART 2: Condominium/Co-Op

1. Square footage (Total SF): _____

Finished area (SF) : _____ Unfinished area (SF): _____

2. Design (Choose type): _____
 If Other, describe: _____

3. Floor Level (Choose level): _____
 If Other, describe: _____

4. Orientation: (Indicate the relative location of the unit in the building)

5. Rooms: Indicate the number of rooms by type. (ex. 3 Bedroom)

____ Living Room ____ Dining Room ____ Bedroom
 ____ Eat-In Kitchen ____ Other Kitchen ____ Full Bath
 ____ Half Bath ____ Other: _____

6. Overall Condition: _____

7. Renovations: (Describe)	Year Completed	Total Cost
Kitchen _____		\$ _____
Baths _____		\$ _____
Other: _____		\$ _____

8. Amenities: Check (X) all that apply.

Unit: Private Elevator Fireplace Central A/C
 View Balcony (Sq. ft. _____) Storage (Sq. Ft. _____)
 Other: _____
Complex: (Elevator, pool, rec room, etc.) _____

9. Parking Spaces: # Indoor Spaces: _____ # Outdoor Spaces: _____

Location of Spaces: _____

If Off-site, indicate address: _____

Ownership: Easement Rented (Mo. Rent \$ _____)
 Separately Deeded (Bk & Pg # _____)

10. Rental Information:

Tenant: _____ Mo. Rent \$ _____

SCHEDULE C Residential Occupancy Apartment/Lodging Use

Parcel Number: _____

PLEASE INCLUDE YOUR WARD AND PARCEL NUMBER ON EACH AND EVERY PAGE OF EACH DOCUMENT AND ATTACHMENT THAT YOU SUBMIT WITH THIS FORM.

1. Rental Information: Please provide the following rental information. The effective reporting date is 1/1/ .
(Rent Incentives)

Unit Type	Tenant Name	Total # Rooms	Rent Per Month	Free Months	\$ Amount	Tenant Start Date (mm/yy)	Heated? Y/N	Lease or Tenant at Will?
Studio								
One Bedroom								
Two Bedroom								
Three Bedroom								
Four Bedroom								
Weekly								

2.) Parking

Tenant/Occupant	Rent	Indoor /Outdoor	Tandem (Y/N)	Valet (Y/N)

3.) Additional Sources of Income: The effective reporting date is 12/31/ .

1. Laundry Income _____
 2. Miscellaneous (including but not limited to antennas, billboards) _____
- Explain: _____

SEF

SCHEDULE E Parking Facility

Parcel Number: _____

PLEASE INCLUDE YOUR WARD AND PARCEL NUMBER ON EACH AND EVERY PAGE OF EACH DOCUMENT AND ATTACHMENT THAT YOU SUBMIT WITH THIS FORM.

Indicate License #: _____

Parking Spaces: _____

PART 1: Rate Information. Effective reporting date is 1/1/ . . . Indicate the number of spaces and rates per space by type.

	Type of Parking	Number of Spaces	Parking Rate
Daily	Transient		
	Early Bird Special		
	Other (Describe):		
Monthly	Regular		
	Discount		
	Other (Describe):		
Other			

PART 2: Lease Information. Complete this section if facility is under lease. (Refer to Schedule G for Expenses)

Check (X) Type of Lease: Gross Net

Rentable Area	Base Rent	Lease Executed Date (m/d/yy)	Lease Start Date (m/d/yy)	Lease Term

Additional Income: Operating Clause _____
 Tax Clause _____
 Other (Describe) _____

SCHEDULE F Building Summary

<u>Occupancy</u>	Total Rentable Area 1/1/	Total Vacant Area 1/1/	Total Potential Rent 1/1/	Total Rent Collected (1/1/ - 12/31/)
Office				
Retail				
Warehouse				
Manufacture				
Parking				
Studio				
# of 1 BR				
# of 2 BR				
# of 3 BR				
# of 4BR				
Weekly Rental				
Other				

SCHEDULE **G**

Expenses

SG

Parcel Number: _____

PLEASE INCLUDE YOUR WARD AND PARCEL NUMBER ON EACH AND EVERY PAGE OF EACH DOCUMENT AND ATTACHMENT THAT YOU SUBMIT WITH THIS FORM.

Please provide the property expense information for the period 1/1/ - 12/31/ . Columns denote party responsible for payment.

	<u>EXPENSES</u>	<u>Building</u>		<u>Parking</u>		
		OWNER	TENANT	OWNER	TENANT	
Administrative	Payroll					
	Management					
	Legal					
	General Services					
	Security					
	TOTAL					
Cleaning	Payroll					
	Contracts					
	Supplies					
	Trash					
	Miscellaneous					
	TOTAL					
Repairs & Maintenance	Payroll					
	Elevators					
	Heat/Cool (HVAC)					
	Electrical					
	Plumbing					
	Supplies					
	Miscellaneous					
	TOTAL					
Utilities	Check here if property is separately metered.					
	Electric					
	Tenant Electric					
	Gas					
	Oil					
	Steam					
	Water					
	TOTAL					
	Leasing Expenses	Advertising				
		Commissions				
Free Rent						
Tenant Fit Out						
Lease Buyouts						
TOTAL						
Fixed Expenses	Building Insurance					
	Replacement Reserves					
	Extraordinary Expenditures					
	Gov't. Mandated Improvements					
	TOTAL					
GRAND TOTAL						
COMBINED OWNER & TENANT TOTAL						

SCHEDULE J

Hotel/Motel Income/Expense Requisition

SCJ

Parcel Number: _____

PLEASE INCLUDE YOUR WARD AND PARCEL NUMBER ON EACH AND EVERY PAGE OF EACH DOCUMENT AND ATTACHMENT THAT YOU SUBMIT WITH THIS FORM.

GENERAL INFORMATION: Number of Rooms: _____
 % Occupancy _____
 Average Daily Rate _____

REVENUE	Room		
	Parking		
	Beverage		
	Telephone		
Other Departments	Lease Revenue	*	
	Parking		
	Meeting Rooms		
	Retail Shop (s)		
	Other Income	*	
	TOTAL REVENUE		
	DEPARTMENTAL EXPENSES		
	Room		
	Cost of Food		
	Cost of Beverage		
	Telephone		
	Department Expense	*	
	Miscellaneous Expenses	*	
TOTAL DEPARTMENTAL EXPENSES			
Unallocated Expenses	Administration/General		
	Management Charges		
	Incentive Management		
	Marketing		
	Repairs/Maintenance	*	
	Energy	*	
	TOTAL UNALLOCATED EXPENSES		
FIXED EXPENSES	Insurance		
	Municipal Charges		
	Return on Personal Property	*	
	Return of Personal Property	*	
	TOTAL FIXED EXPENSES		
OTHER EXPENSES	Franchise Fee	*	
	Reserve for Replacement		
	Ground Rent		
	TOTAL OTHER EXPENSES		

* Provide Detailed Documentation

SAMPLE

SCA

SCHEDULE A General Information

Please complete below:

Ward		Parcel									
1	8	-	0	0	6	1	0	-	0	0	0

NOTE: The number above should appear on each page of this form.

PART 1: Reason for Filing (Please indicate (X) appropriate reason as of 1/1/11)

Not reflective of Fair Market Value on 1/1/11 - Provide three sales that occurred in the last two years.

Property Address	Sale Price	Date of Sale (m/d/yy)
8 Washington Street	\$ 450,000	5 / 8 / 10
29 South Street	\$ 475,000	9 / 1 / 10
1313 Washington Street	\$ 435,000	11 / 13 / 10

Recent Sale of Property - Provide the following information.

Date of Sale: ____/____/____ Price \$: _____

Any relation to seller? YES NO

Any non- real estate items included in sale price? YES NO

Description of items: _____

Associated Cost: \$ _____

Mortgage Amount: \$ _____

Lender's Name: _____

Lender's Appraisal Value: \$ _____ (attach copy)

Property recently refinanced, appraisal value below assessed value. (attach copy)

Date of Refinancing: ____/____/____ Amount financed: \$ _____

Lender's Appraisal Value: \$ _____

Not in line with comparable assessments. (Provide value data for three similar properties)

Property Address	Ward	Parcel No.	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Improper Classification - Land Use. Indicate correct Classification: _____
Indicate correct Land Use: _____

Incorrect Property Data. (Please use PART 2 below for detailing information)

Other: _____ (Please use PART 2 below for detailing information)

PART 2: Opinion of Value and Additional Comments

- Owner's opinion of value as of January 1, 201#? \$ 450,000
- Additional comments (use separate page if necessary)
My home is most similar to 8 Washington Street,
my assessed value is \$475,000.

SAMPLE

SCHEDULE B Residential Information

SCB

Please complete below:

Ward Parcel

1	8	-	0	0	6	1	0	-	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

NOTE: The number above should appear on each page of this form.

PART 1: One, Two or three-family ONLY. Effective reporting date is 1/1/11

1. Property Use: Indicate (X) primary use of property.
 One family _____ Two family _____ Three family _____

Is the property owner-occupied? (Y/N) Y
 Does the property include an in-law or an au-pair unit? (Y/N) Y

2. Property Description:

A. Year Built: 1900
 B. Indicate Room Count by Floors (example below)

Floor Level	Total # Room	# of Bedrooms	# Full Baths	# 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)
1	5	3	1	1	100	Y	N

Floor Level	Total # Room	# of Bedrooms	# Full Baths	# 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)
Sub Bsmt.							
Bsmt.					0	N	N
1	5	2	1	0	100	Y	Y
2	6	3	1	0	100	Y	Y
3	6	3	1	0	100	Y	Y
4							
5							
Attic							
<u>4</u>	TOTAL # of Floor Levels						

C. Heating Type: Check (X) one.
 () Forced Air (X) Radiators () Baseboard
 () Radiant () Space Heater

D. Other Features: Check (X) all that apply.
 () Central air conditioning (X) Garage () Roof Deck
 _____ # of working fireplaces
 _____ # of off-street parking spaces 4
 Other Amenities: _____

3. Property Improvements: List any remodeling or updating completed within the last five years. (Attach additional information if necessary)

Type	Description of Improvement	Year	Total Cost
Kitchen	Third Floor Cabinets	2010	\$9,000
Bath	Third Floor	2010	\$5,000
Ext. Siding			
Interior			
Additions			
Plumbing			
Electrical			
Roof	New Rubber Roof	2010	\$9,000
Windows			
Other:			

4. Property Condition: Systems & Structure.
 Indicate Condition for each category as: *Excellent, Good, Average, Fair, or Poor*

Heating: Average
 Electrical: Average
 Plumbing: Average
 Roof: Excellent
 Windows: Fair
 Foundation: Average

5. Property Condition Overall: Indicate one per category.

Interior: Good
 (Excellent, Good, Average, Fair, Poor or Uninhabitable)
 Exterior: Average
 (Excellent, Good, Average, Fair, Poor)

PART 2: Condominium/Co-op

1. Square Footage: Total Sq. ft.: 1,000
 Finished Area: 800 Unfinished Area: 200

2. Design: _____ Loft _____ Duplex _____ Basement _____ Penthouse _____ Flat
 Other: _____

3. Floor Level: _____ Sub Basement _____ Basement _____ Garden
 1st _____ 2nd _____ 3rd _____ Other: _____
 Number of floor levels in unit: 1 Other: _____

4. Orientation: Check (X) the relative location of the unit in the building.
 _____ Front _____ Rear Middle _____ Full Floor _____ Corner

5. Rooms: Indicate (#) the number of rooms by type.
1 Livingroom 1 Dining Room 2 Bedroom
1 Full Bath 1 Half-Bath 1 Eat-in-Kitchen
 _____ Other Kitchen _____ Other: _____

6. Overall Condition: Good
 Indicate Condition as: *Excellent, Good, Average, Fair, Poor* adG [ZST/fST/W

7. Renovations: _____ Year completed _____ Total Cost _____
 Kitchen Full Renovation 2007 \$ 65,000
 Baths _____ \$ _____
 Other X \$ _____

8. Amenities: Check (X) all that apply.
 Unit: () Private elevator () Fireplace () Central A/C () View
 (X) Balcony (Sq. ft. 120) () Storage (Sq. Ft. _____)
 () Other: 0 _____ 1
 Complex: (Elevator, pool, rec. room, etc.) Elevator

9. Parking Spaces: # Indoor: _____ # Outdoor: _____
 Location of spaces:
 () On-site (X) Off-Site (Address: 120 Albany St.)
 Ownership: (X) Easement () Rented (Mo. Rent \$ _____)
 () Separately Deeded (Sale Price \$ _____)

10. Rental Information:
 Tenant: Davis Mo. Rent \$ 1,600

SAMPLE

SCC

SCHEDULE C Residential Occupancy Apartment/Lodging Use

Please complete below:

Ward Parcel

1	8	-	0	0	6	1	0	.	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

NOTE: The number above should appear on each page of this form.

1. Rental Information: Please provide the following rental information. The effective reporting date is 1/1/11.

Unit Type	Tenant Name	(Rent Incentives)				Tenant Start Date (Mo/Yr)	Heated? Y/N	Lease or Tenant at Will?
		Total # Rooms	Rent per Month	Free Months	\$ Amount			
Studio	Frank T.	2	700				Y	Lease
One Bedroom	B. Simpson	3	1300				Y	Lease
Two Bedroom								
Three Bedroom								
Four Bedroom								
Weekly	N. Peterson	1	600/150 week				Y	

2. Parking:

Tenant/Occupant	Rent	Indoor /Outdoor	Tandem (Y/N)	Valet (Y/N)
Frank T.	100	Outdoor	Y	N
B. Simpson	100	Outdoor	Y	N

3. Additional Sources of Income: Effective reporting date is 12/31/10.

1. Laundry Income 600
2. Miscellaneous (including but not limited to antennas, billboards): 1500
 Explain: 1 antenna on roof

SAMPLE

SEF

SCHEDULE **E** Parking Facility

Please complete below:

Ward Parcel

1	8	-	0	0	-	6	1	-	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

NOTE: The number above should appear on each page of this form.

Indicate License #: 875
 Parking Spaces #: 90

PART 1: Rate Information. Effective reporting date is 1/1/11. Indicate the number of spaces and rates per space by type.

	Type of Parking	Number of Spaces	Parking Rate
Daily	Transient	40	25
	Early Bird Special	20	18
	Other (Describe):		
Monthly	Regular	30	350
	Discount		
	Other (Describe):		
Other			

PART 2: Lease Information. Complete this section if facility is under lease. (Refer to Schedule G for Expenses)

Check (X) Type of Lease: () Gross () Net

Rentable Area	Base Rent	Lease Executed Date (mm/dd/yr)	Lease Start Date (mm/dd/yr)	Lease Term

Additional Income: Operating Clause _____
 Tax Clause _____
 Other (Describe) _____

SCHEDULE **F** Building Summary

Occupancy	Total Rentable Area 1/1/2011	Total Vacant Area 1/1/2011	Total Potential Rent 1/1/2011	Total Rent Collected 1/1/2010 - 12/31/2010)
Office	3000	3000	180,000	0
Retail	4500	0	225,000	210,000
Warehouse				
Manufacture				
Parking				
Studio				
# of 1 BR				
# of 2 BR				
# of 3 BR				
# of 4BR				
Weekly Rental	Antennas (3)	0	9000	6000
Other				

SAMPLE

SCG

SCHEDULE **G** Expenses

Please complete below:

Ward Parcel

1	8	-	0	0	6	1	0	-	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

NOTE: The number above should appear on each page of this form.

Please provide the property expense information for the period
1/1/10 - 12/31/10. Columns denote party responsible for payment.

	EXPENSES	Building		Parking	
		OWNER	TENANT	OWNER	TENANT
Administrative	Payroll	45,000		5,000	25,000
	Management	20,000		5,000	
	Legal	9,000	2,000	2,000	2,000
	General Services	4,000		1,000	1,500
	Security	0		0	8,000
	TOTAL	78,000	2,000	13,000	36,500
Cleaning	Payroll	15,000			5,000
	Contracts	28,000	2,000		2,000
	Supplies	10,000			5,000
	Trash	12,000			2,000
	Miscellaneous	0			0
	TOTAL	65,000	2,000		14,000
Repairs & Maintenance	Payroll	30,000		10,000	10,000
	Elevators	10,000			0
	Heat/Cool (HVAC)	8,000			0
	Electrical	20,000			5,000
	Plumbing	5,000			0
	Supplies	8,000			2,000
	Miscellaneous	0			0
	TOTAL	81,000		10,000	17,000
Utilities	<input type="checkbox"/> Check here if property is separately metered.				
	Electric	15,000			
	Tenant Electric	75,000			25,000
	Gas	5,000			
	Oil	20,000			
	Steam	0			
	Water	15,000	3,000		8,000
	TOTAL	130,000	3,000		33,000
Leasing Expenses	Advertising	10,000			5,000
	Commissions	5,000	5,000		
	Free Rent	80,000			
	Tenant Fit Out	300,000	75,000		
	Lease Buyouts	0			
	TOTAL	395,000	80,000		5,000
Fixed Expenses	Building Insurance	16,000	4,000		
	Replacement Reserves	18,000		2,000	
	Extraordinary Expenditures	0		5,000	
	Gov't Mandated Improvements	0		10,000	
	TOTAL	34,000	4,000	40,000	
	GRAND TOTAL	783,000	91,000	40,000	105,500
COMBINED OWNER & TENANT TOTAL				1,019,500	

SAMPLE

SCHEDULE J

Hotel/Motel Income/Expense Requisition

Please complete below:

Ward Parcel

1	8	-	0	0	6	1	0	-	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

NOTE: The number above should appear on each page of this form.

GENERAL INFORMATION: Number of Rooms: 120
 % Occupancy 76%
 Average Daily Rate 248.56

REVENUE	Room	8,274,065	
	Parking	1,664,400	
	Beverage	665,760	
	Telephone	83,220	
	Other Departments Lease Revenue	300,000 *	
	Parking	0	
	Meeting Rooms	0	
	Retail Shop (s)	0	
	Other Income	300,000 *	
	TOTAL REVENUE		11,287,445
DEPARTMENTAL EXPENSES	Room	1,654,813	
	Cost of Food	1,248,300	
	Cost of Beverage	466,032	
	Telephone	255,000	
	Department Expense	0 *	
	Miscellaneous Expenses	50,000 *	
	TOTAL DEPARTMENTAL EXPENSES		3,674,145
	Unallocated Expenses	Administration/General	790,121
Management Charges		225,750	
Incentive Management		0	
Marketing		677,247	
Repairs/Maintenance		400,000 *	
Energy		451,900 *	
TOTAL UNALLOCATED EXPENSES		2,545,018	
FIXED EXPENSES	Insurance	101,587	
	Municipal Charges	18,000	
	Return on Personal Property	225,750 *	
	Return of Personal Property	225,750 *	
	TOTAL FIXED EXPENSES		571,087
OTHER EXPENSES	Franchise Fee	0 *	
	Reserve for Replacement	325,000	
	Ground Rent	0	
	TOTAL OTHER EXPENSES		325,000

* Provide Detailed Documentation