



City of Danbury Assessors Office

2019 Annual Income and Expense Report

RETURN TO:

Danbury Assessors Office
155 Deer Hill Avenue
Danbury, CT 06810

TEL • (203) 797-4556

FAX • (203) 796-1651

Return to the Assessor's Office on or Before August 15, 2020

The Assessor's Office is required by law to revalue all property in the City of Danbury every five years. In order to assess your real property fairly and equitably, information regarding the income and expenses related to your property is essential. Connecticut General Statute §12-63c requires all owners of rental property to annually file income and expense statements to the assessors office. Any information related to the actual rental and rental-related income and operating expenses shall not be a public record and is not subject to the provisions of Connecticut General Statute 1-210 (Freedom of Information Act).

Please complete the enclosed forms and return them to this office on or before **August 15, 2020**. In accordance with Connecticut General Statute §12- 63c(d), 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**.

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 2019.** **TYPE/USE OF LEASED SPACE:** Indicate use the leased space being utilized (i.e., office, retail, warehouse, restaurant, garage, etc.). **ESC/CAM/OVERAGE:** (Circle if applicable) **ESCALATION:** Amount, in dollars, of adjustment to base rent either pre-set or tied to the Inflation Index. **CAM:** Income received from common area charges to tenant for common area maintenance, or other income received from the common area property. **OVERAGE:** Additional fee or rental income. This is usually based upon a percent of sales or income. **PROPERTY EXPENSES & UTILITIES PAID BY TENANT:** Indicate the property expenses & utilities that are the responsibility of the tenant. Abbreviations may be used (i.e., "RE" for real estate taxes & "E" for electricity). **VERIFICATION OF PURCHASE PRICE** must be completed if the property was acquired after January 1, 2017.

WHO SHOULD FILE - All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. If you believe that you are not required to fill out this form, please call the number listed above to discuss your special situation. All properties which 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. This report **must** be file when a property is partially rented and partially owner-occupied.

IF YOUR PROPERTY IS 100% OWNER-OCCUPIED, OR 100% LEASED TO A RELATED CORPORATION, BUSINESS, FAMILY MEMBER OR OTHER RELATED ENTITY, PLEASE INDICATE BY CHECKING THIS BOX AND RETURN THIS FORM WITH THE SIGNATURE PAGE SIGNED & DATED.

HOW TO FILE - Each summary page should reflect information for a single property for the year of **2019**. If you own more than one rental property, a separate report/form must be filed for each property in this jurisdiction. An income and expense report summary page and the appropriate income schedule must be completed for each rental property. Income Schedule A must be filed for apartment rental property and Schedule B must be filed for all other rental properties.

FOR YOUR INFORMATION

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If you have any questions concerning these forms or the information required, please call this office at (203) 797-4556.

Postmark **NOT** Accepted per C.G.S. – FAXED copies **NOT** Accepted per C.G.S

2019 Annual Income and Expense Report Summary

Owner _____

Property Name _____

Mailing Address _____

Property Address _____

City / State/ Zip _____

Check here if property is **100%** Owner Occupied

- | | | | | | | | |
|---|--------------|-----------|-----------|-----------------------------|--------------------|---------------|----------------|
| 1. Primary Property Use (Circle One) | A. Apartment | B. Office | C. Retail | D. Mixed Use | E. Shopping Center | F. Industrial | G. 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. No. Of Units | _____ | | | | | | |

INCOME - 2019

- 9. Apartment Rental (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 - 2019

- 21. Heating/Air Conditioning _____
- 22. Electricity _____
- 23. Other Utilities _____
- 24. Payroll (Except management, repair & decorating) _____
- 25. Supplies _____
- 26. Management _____
- 27. Insurance _____
- 28. Common Area Maintenance _____
- 29. Leasing Fees/Commissions/Advertising _____
- 30. Legal and Accounting _____
- 31. Elevator Maintenance _____
- 32. Security _____
- 33. Other (Specify)_____
- 34. Other (Specify)_____
- 35. Other (Specify)_____
- 36. **TOTAL EXPENSES** (Add Lines 21 Through 35) _____
- 37. **NET OPERATING INCOME** (Line 20 Minus Line 36) _____
- 38. Capital Expenses _____
- 39. Real Estate Taxes _____
- 40. Mortgage Payment (Principal and Interest) _____
- 41. Depreciation _____
- 42. Amortization _____

RETURN TO THE ASSESSOR ON OR BEFORE AUGUST 15, 2020 TO AVOID 10% PENALTY

SCHEDULE A – 2019 APARTMENT RENT SCHEDULE

Complete this Section for Apartment Rental activity only.

| UNIT TYPE | NO. OF UNITS | | ROOM COUNT | | UNIT SIZE SQ. FT | MONTHLY RENT | | TYPICAL LEASE TERM |
|--------------------------------|--------------|--------|------------|-------|---------------------|--------------|-------|-----------------------|
| | TOTAL | RENTED | ROOMS | BATHS | | PER UNIT | TOTAL | |
| 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)

- Heat
- Electricity
- Other Utilities
- Air Conditioning
- Tennis Courts
- Stove/Refrigerator
- Other Specify _____
- Garbage Disposal
- Furnished Unit
- Security
- Pool
- Dishwasher

SCHEDULE B - 2019 LESSEE RENT SCHEDULE

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

| NAME OF TENANT | LOCATION OF LEASED SPACE | TYPE/USE OF LEASED SPACE | LEASE TERM | | | ANNUAL RENT | | | | PROPERTY EXPENSES & UTILITIES PAID BY TENANT |
|-------------------------|--------------------------|--------------------------|------------|------------|----------------|-------------|-----------------|------------|------------------|--|
| | | | START DATE | END DATE | LEASED SQ. FT. | BASE RENT | ESC/CAM/OVERAGE | TOTAL RENT | RENT PER SQ. FT. | |
| 7jS_ b'W 4aTeB'g_ T]' Y | G` [f6 | Retail | mm/dd/yyyy | mm/dd/yyyy | 1,500 | \$18,000 | 0 | \$18,000 | \$12 | Electric, gas |
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| TOTAL | | | | | | | | | | |

Copy and Attach If Additional Pages are Needed

VERIFICATION OF PURCHASE PRICE

PURCHASE PRICE \$ _____ DOWN PAYMENT \$ _____ DATE OF PURCHASE _____

| | | | |
|--------------------------|----------------------|-----------------------------------|-------------|
| | | | (Check One) |
| FIRST MORTGAGE \$ _____ | INTEREST RATE _____% | PAYMENT SCHEDULE TERM _____ YEARS | Fixed |
| SECOND MORTGAGE \$ _____ | INTEREST RATE _____% | PAYMENT SCHEDULE TERM _____ YEARS | Variable |
| OTHER \$ _____ | INTEREST RATE _____% | PAYMENT SCHEDULE TERM _____ YEARS | |

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: Furniture? \$ _____ (VALUE) EQUIPMENT? \$ _____ (VALUE) OTHER (SPECIFY) \$ _____ (VALUE)

WAS THE SALE BETWEEN RELATED PARTIES? (CIRCLE ONE): YES NO APPROXIMATE VACANCY AT DATE OF PURCHASE _____%

WAS AN APPRAISAL USED IN The Purchase OR FINANCING? (CIRCLE ONE): YES NO APPRAISED VALUE /NAME OF APPRAISER _____

PROPERTY CURRENTLY LISTED FOR SALE? (CIRCLE 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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