



**CITY OF NEW HAVEN
DEPARTMENT OF ASSESSMENT**

165 Church Street
New Haven, CT 06510
Phone: (203) 946-4800



**2020
ANNUAL INCOME AND
EXPENSE REPORT**

IMPORTANT

COMPLETE AND RETURN THIS FORM TO THE ASSESSOR'S OFFICE ON OR BEFORE **JUNE 1, 2021. FAILURE TO DO SO WILL RESULT IN THE ADDITION OF A 10% ASSESSMENT PENALTY TO YOUR 2021 GRAND LIST ASSESSMENT.**

WHO SHOULD FILE?

- All property owners receiving this form should complete and return it to the Assessor's Office.
- All owners of commercial, retail, industrial, or mixed-use properties.
- All owners of residential properties containing 6 or more rental units.
- Properties containing billboard and/or cell tower leases.
- If your property is 100% owner occupied, please indicate such on line 4 of the summary page and return this form by the above deadline.

HOW TO FILE

- Please read through the enclosed form in its entirety and complete all sections that apply to your property. Be sure to complete all relevant fields within each section. These forms will be reviewed for completeness.
- The data should reflect information for the property during the calendar year 2020.
- If filing for multiple rental properties, a report summary page and the appropriate income and expense schedules should be completed for each rental property.
- You may attach a copy of your Federal Income Tax Return including Schedule E (Form 1040) in lieu of completing the summary section. However, you must also complete the applicable rental schedules (A&B).

MAIL OR HAND DELIVER BY JUNE 1, 2021 TO 165 CHURCH ST, NEW HAVEN, CT 06510

PROPERTY LOCATION: _____

PARCEL ID (MBLU): _____

RECORD MAILING ADDRESS FOR THIS PARCEL:

CITY OF NEW HAVEN DEPARTMENT OF ASSESSMENT

ANNUAL INCOME AND EXPENSE REPORT SUMMARY - 2020 CALENDAR YEAR

OWNER _____ MAILING ADDRESS _____ CITY/STATE/ZIP _____	PROPERTY NAME _____ PROPERTY ADDRESS _____ PARCEL ID _____
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1 PRIMARY USE OF PROPERTY (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	BUILDING AGE (IN YEARS)	_____
4 OWNER OCCUPIED _____	SQ. FT	8	YEAR REMODELED	_____
5 NUMBER OF UNITS _____				

INCOME - 2020

9 APARTMENT RENTALS (ATTACH SCHEDULE A) _____
10 OFFICE RENTALS (ATTACH SCHEDULE B) _____
11 RETAIL RENTAL (ATTACH SCHEDULE B) _____
12 MIXED USE 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 RENTAL _____
17 BILLBOARD SITE LEASE _____
18 CELL SITE LEASE _____
19 CAM RECOVERIES _____
20 OTHER PROPERTY INCOME (INCLUDING TAX RECOVERIES) _____
21 TOTAL POTENTIAL INCOME (ADD LINE 9 THROUGH LINE 20) _____
22 LOSS DUE TO VACANCY AND CREDIT _____
23 EFFECTIVE ANNUAL INCOME (LINE 21 MINUS LINE 22) _____

EXPENSES - 2020

24 HEATING/AIR CONDITIONING _____
25 ELECTRICITY _____
26 OTHER UTILITIES _____
27 PAYROLL (EXCL MANAGEMENT AND REPAIRS) _____
28 SUPPLIES _____
29 MANAGEMENT _____
30 INSURANCE _____
31 REPAIR AND MAINTENANCE _____
32 COMMON AREA MAINTENANCE _____
33 LEASING FEES/COMMISSIONS/ADVERTISING _____
34 LEGAL AND ACCOUNTING _____
35 ELEVATOR MAINTENANCE _____
36 OTHER (SPECIFY) _____
37 _____
38 _____
39 _____
40 SECURITY _____
41 TOTAL EXPENSES (ADD LINES 24 THROUGH 40) _____
42 NET OPERATING INCOME (LINE 23 MINUS LINE 41) _____
43 CAPITAL EXPENSES _____
44 REAL ESTATE TAXES _____
45 MORTGAGE PAYMENTS (PRINCIPAL AND INTEREST) _____

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MULTIFAMILY APARTMENT RENTALS - SCHEDULE A

Complete this section for apartment rental activity only.

UNIT TYPE	# OF UNITS		ROOM COUNT		UNIT SIZE	MONTHLY RENT		LEASE TERM
	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	PER UNIT	TOTAL	
EFFICIENCY								
1 BEDROOM								
2 BEDROOMS								
3 BEDROOMS								
4 BEDROOMS								
OTHER RENTABLE UNITS								
OWNER/MANAGEMENT OCCUPIED								
SUBTOTAL								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
TOTAL								

BUILDING FEATURES INCLUDED IN RENT
(PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/>	Heat	<input type="checkbox"/>	Garbage Disposal
<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Furnished Unit
<input type="checkbox"/>	Other Utilities	<input type="checkbox"/>	Security
<input type="checkbox"/>	Air Conditioning	<input type="checkbox"/>	Pool
<input type="checkbox"/>	Stove/Refrigerator	<input type="checkbox"/>	Tennis Courts
<input type="checkbox"/>	Dishwasher		
<input type="checkbox"/>	Other (Specify) _____		

COMMERCIAL PROPERTIES - SCHEDULE B

Complete this section for all rental activities, except apartment rentals. Include office buildings, retail stores, shopping centers, mixed use properties, industrial and warehouses properties. Copy and attach additional sheets if necessary.

NAME OF TENANT	LOCATION OF SPACE	LEASE TERMS			ANNUAL RENT					PARKING		INTERIOR FINISH		
		BEGINNING	ENDING	AREA - SQ. FT.	BASE	CAM	OVERAGE	TOTAL	PER SQ FT	NO. OF SPACES	ANNUAL RENT	OWN	TENANT	COST
TOTALS														

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VERIFICATION OF PURCHASE PRICE

PURCHASE PRICE _____ DOWN PAYMENT _____ PURCHASE DATE _____

			FIXED	VARIABLE		
FIRST MORTGAGE	_____	INTEREST RATE _____ %	<input type="checkbox"/>	<input type="checkbox"/>	PAYMENT SCHEDULE TERM _____	YEARS
SECOND MORTGAGE	_____	INTEREST RATE _____ %	<input type="checkbox"/>	<input type="checkbox"/>	PAYMENT SCHEDULE TERM _____	YEARS
OTHER	_____	INTEREST RATE _____ %	<input type="checkbox"/>	<input type="checkbox"/>	PAYMENT SCHEDULE TERM _____	YEARS
CHATTEL MORTGAGE	_____	INTEREST RATE _____ %	<input type="checkbox"/>	<input type="checkbox"/>	PAYMENT SCHEDULE TERM _____	YEARS

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: FURNITURE? _____ (DECLARED VALUE) EQUIPMENT? _____ (DECLARED VALUE) OTHER: _____ (DECLARED VALUE)
SPECIFY: _____

APPROXIMATE VACANCY AT DATE OF PURCHASE: _____ %

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE (CIRCLE ONE): YES NO

IF YES, LIST THE ASKING PRICE _____ DATE LISTED _____ BROKER _____

EXPLAIN SPECIAL CIRCUMSTANCES OR REASONS FOR YOUR PURCHASE. _____

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 _____

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 information filed and furnished with this report will remain confidential, and it is not open to public inspection. Any information related to the actual rental and operating expenses shall not be a public record, and it is not subject to the provisions of Section 1-200 (Freedom of Information) of the Connecticut General Statutes.

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