



TOWN OF FOXBOROUGH

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OFFICE OF THE BOARD OF ASSESSORS

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INCOME AND EXPENSE QUESTIONNAIRE – FOXBOROUGH, MA APARTMENT TYPE PROPERTIES FOR 12 MONTHS ENDING JANUARY 1, 2022: CALENDAR YEAR 2021

Please Return to:
 Town of Foxborough
 ASSESSOR'S OFFICE
 40 South Street
 Foxborough, MA 02035

NOTE: SIGNATURE IS REQUIRED ON BACK PAGE

SECTION I: GENERAL DATA

Gross Building Area in SF:		Number of Rentable Units including owner's:	
Number of Rented Units:		Total Parcel Land Area:	
Owner Occupied Units:		Building Age:	

SECTION II: INCOME AND LOSS TOTALS FOR CALENDAR YEAR 2021

Enter annual incomes on Lines 1 through 7 **AS IF FULLY RENTED**.

Calculate Vacancy Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 8 if difference is due to vacancy**.

Calculate Concession Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 8 if difference is due to concessions**.

Other Income (Lines 6 and 7) includes items such as: cell towers, vending, laundry, parking, billboards etc. Describe and enter.

1. Total Studio Units Rental Income: (Annual rent as if fully rented)	
2. Total 1 Bedroom Units Rental Income: (Annual rent as if fully rented)	
3. Total 2 Bedroom Units Rental Income: (Annual rent as if fully rented)	
4. Total 3 Bedroom Units Rental Income: (Annual rent as if fully rented)	
5. Total 4 Bedroom Units Rental Income: (Annual rent as if fully rented)	
6. Other Income: (Describe)	
7. Other Income: (Describe)	
8. Potential Gross Income: (Add 1 through 7)	
9. Loss due to Vacancy: See note above.	
10. Loss due to Concessions/Bad Debt: See note above.	
11. Total Collection Loss: (Add 9 and 10)	
12. Effective Gross Income (Subtract 11 from 8)	

SECTION III: EXPENSES FOR CALENDAR YEAR 2021

Please check if each item is paid by Owner or Tenant. If entering "Other", please describe.

Expense Type	Amount	O	T	Expense Type	Amount	O	T
1. Management Fee				20. Maintenance Contract Fee			
2. Legal/Accounting				21. Maintenance Supplies			

UNIT COUNT SUMMARY

Type of units by bedroom count	Number of Units	Average Yearly Rent
Studio/Efficiency Units		
1 Bedroom Units		
2 Bedroom Units		
3 Bedroom Units		
4 Bedroom Units		
TOTAL Number of Units		--

SECTION V: SIGNATURE

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: (Please print) _____

Title: _____

Signature of owner or preparer: ... _____

Phone: _____

Date: _____