

TOWN OF FOXBOROUGH

OFFICE OF THE BOARD OF ASSESSORS 40 South Street • Foxborough, MA 02035 Phone: 508-543-1215 Fax: 508-543-6278 Lori A. Rudd, *Chairman* Robert O'Donnell Daniel A Smith

Thomas Welch, MAA Chief Assessor twelch@foxboroughma.gov

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

Please Return to: Town of Foxborough ASSESSOR'S OFFICE 40 South Street Foxborough, MA 02035 <u>NOTE: SIGNATURE IS REQUIRED ON BACK PAGE</u>

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 <u>ACTUAL RENT RECEIVED</u> from <u>LINE 8 if difference is due to vacancy.</u> Calculate Concession Loss by subtracting <u>ACTUAL RENT RECEIVED</u> from <u>LINE 8 if difference is due to concessions</u>. 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	0	Т	Expense Type	Amount	0	Т
1. Management Fee				20. Maintenance Contract Fee			
2. Legal/Accounting				21. Maintenance Supplies			

3. Security	22. Maintenance Groundskeeping	
4. Payroll	23. Maintenance Trash Removal	
5. Group Insurance	24. Maintenance Snow Removal	
6. Telephone	25. Maintenance Exterminator	
7. Advertising	26. Maintenance Elevator	
8. Commissions	27. Insurance (1 Year Premium)	
9. Repairs Exterior	28. Reserves for Replacement	
10. Repairs Interior	29. Travel	
11. Repairs Mechanical	30. Other	
12. Repairs Electrical	31. Other	
13. Repairs Plumbing	32. Other	
14. Utilities Gas	33. TOTAL (Add 1 through 32)	
15. Utilities Oil	34. Real Estate Taxes	
16. Utilities Electricity		
17. Utilities Water		
18. Utilities Sewer		
19. Maintenance Wages		

SECTION IV: INCOME RENT ROLL FOR CALENDAR YEAR 2021

Please enter annual rent AS IF FULLY RENTED.

Please calculate vacancy by subtracting <u>ACTUAL RENT FROM ANNUAL RENT</u>.

Please indicate as to whether heat and/or electric is included in the rent. (Y/N)

A printout of current Rent Roll is acceptable. If possible, please have # of bedrooms for each unit.

Tenant Name	# of BR'S	Unit	Floor Level	Heat Included	Electric Included	Annual Rent 2021	Lease Type	Start Date	Term Years	Vacancy 2021
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
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16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										

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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:	