

**INCOME AND EXPENSE QUESTIONNAIRE – Town of Scarborough, ME  
MIXED USE PROPERTIES  
FOR 12 MONTHS ENDING DECEMBER 31, 2017**

Please Return to:  
**KRT Appraisal**  
191 Merrimack Street  
Suite 701  
Haverhill, MA 01830

**NOTE: THIS IS A TWO PAGE DOCUMENT**  
**NOTE: SIGNATURE IS REQUIRED ON SECOND PAGE**

Location:  
Map and Lot:  
Parcel ID:  
Use Code:

**SECTION I: GENERAL DATA**

Total Number of Units:		Number of Rentable Units including owner's:	
Net Leasable Area in SF:		Owner Occupied Area in SF:	

**SECTION II: INCOME AND LOSS TOTALS FOR CALENDAR YEAR 2017**

Enter annual incomes on Lines 1 through 6 **AS IF FULLY RENTED**.

Calculate Vacancy Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 7 if difference is due to vacancy**.

Calculate Concession Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 7 if difference is due to concessions**.

Other Income (Lines 11 and 12) includes items such as: cell towers, vending, laundry, parking, billboards, etc. Describe and enter.

	Units	Amount
1. Total Office Rental Income: (Annual rent as if fully rented)		\$
2. Total Retail Rental Income: (Annual rent as if fully rented)		\$
3. Total Industrial/Warehouse/Garage Rental Income: (Annual rent as if fully rented)		\$
4. Total Apartment Rental Income: (Annual rent as if fully rented)		\$
5. Other Income: (Describe)		\$
6. Other Income: (Describe)		\$
7. Potential Gross Income: (Add 1 through 6)		\$
8. Loss due to Vacancy: (Loss due to vacancy) See note above.		\$
9. Loss due to Concessions/Bad Debt: (Loss due to concessions) See note above.		\$
10. Total Collection Loss: (Add 8 and 9)		\$
11. Effective Gross Income (Subtract 10 from 7)		\$

	Amount
Expenses reimbursed by tenants <b>EXCLUDING RE TAX:</b>	\$
Expenses reimbursed by tenants <b>RE TAX ONLY:</b>	\$

**SECTION III: EXPENSES FOR CALENDAR YEAR 2017**

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
Management Fee				Maintenance Contract Fee			
Legal/Accounting				Supplies			
Security				Groundskeeping			
Payroll				Trash Removal			
Group Insurance				Snow Removal			
Telephone				Exterminator			
Advertising				Elevator Maint.			
Commissions				Insurance (1 Year Premium)			
Repairs Exterior				Reserves for Replacement			
Repairs Interior				Travel			

Expense Type	Amount	O	T	Expense Type	Amount	O	T
Repairs Mechanical				Other (describe)			
Repairs Electrical				Other (describe)			
Repairs Plumbing				Other (describe)			
Gas				Real Estate Taxes			
Oil							
Electricity							
Water							
Sewer							
Maintenance Wages							

**SECTION IV: COMMERCIAL INCOME RENT ROLL FOR CALENDAR YEAR 2017**

Please enter annual rent **AS IF FULLY RENTED**.

Please calculate vacancy by subtracting **ACTUAL RENT FROM ANNUAL RENT**.

Please enter Lease Type "G" (GROSS), "N" (NET), "NN" (DOUBLE NET), "NNN" (TRIPLE NET), or "TAW" if Tenant at Will.

If this information is recorded on a separate sheet, please include it when returning this form.

Tenant Name	Use	Unit #	Floor Level	Leased Area (SF)	Annual Rent	Lease Type	Start Date	Term Years	Vacancy
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

**SECTION V: RESIDENTIAL INCOME RENT ROLL FOR CALENDAR YEAR 2017**

Please enter annual rent **AS IF FULLY RENTED**.

Please calculate vacancy by subtracting **ACTUAL RENT FROM ANNUAL RENT**.

Tenant Name	# of BR'S	Unit #	Floor Level	Heat Included	Electric Included	Annual Rent	Lease Type	Start Date	Term Years	Vacancy
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

**SECTION VI: 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: ..... \_\_\_\_\_