

SCHEDULE A – 2023 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 (POTENTIAL GROSS)								

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"/> Tennis Courts | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Stove/Refrigerator | |
| <input type="checkbox"/> Other Specify | |

SCHEDULE B - 2023 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.	
Totals (See Income: Lines #10 - #15)										

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

2023 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Town of Groton
Assessor's Office
45 Fort Hill Road
Groton CT 06340
mgardner@groton-ct.gov

Owner «OWN1»
Mailing Address _____
City / State/ Zip _____

Property Name _____
Property Address «ADRNO» «ADRSTR»
Parcel ID «PARID»

- 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.
- 3. Net Leasable Area _____ Sq. Ft.
- 4. Owner-Occupied Area _____ Sq. Ft.
- 5. No. of Units _____
- 6. Number of Parking Spaces _____
- 7. Actual Year Built _____
- 8. Year Remodeled _____

INCOME - 2023

EXPENSES - 2023

DATE STAMP

- 9. Apartment (Potential Gross) Rental (From Schedule A) _____
- 10. Office (Potential Base Rent) Rentals (From Schedule B) _____
- 11. Retail (Potential Base Rent) Rentals (From Schedule B) _____
- 12. Mixed (Potential Base Rent) Rentals (From Schedule B) _____
- 13. Shopping (Potential Base Rent) Rentals (From Schedule B) _____
- 14. Industrial (Potential Base Rent) Rentals (From Schedule B) _____
- 15. Other (ESC/CAM/Overage) Total (From Schedule B) _____
- 16. Parking (Potential Gross) Rentals _____
- 17. Billboard/Antenna (Potential Gross) Rental Income _____
- 18. Other Property Income (IE: Laundry; Pool Fees) _____
- 19. TOTAL POTENTIAL INCOME** (Add Line 9 through Line 18) _____
- 20. Loss Due to Vacancy and Credit _____
- 21. EFFECTIVE ANNUAL INCOME** (Line 19 minus Line 20) _____

- 22. Heating/Air Conditioning _____
- 23. Electricity _____
- 24. Other Utilities _____
- 25. Payroll (Except management, repair & decorating) _____
- 26. Supplies _____
- 27. Management _____
- 28. Insurance _____
- 29. Common Area Maintenance _____
- 30. Leasing Fees/Commissions/Advertising _____
- 31. Legal and Accounting _____
- 32. Cleaning & Maintenance _____
- 33. Security _____
- 34. General Repairs _____
- 35. Tenant Improvements _____
- 36. Other (Specify) _____
- 37. Total Expenses** (Add Lines 22 through 36) _____
- 38. Net Operating Income** (Line 21 minus Line 37) _____
- 39. Capital Expenses _____
- 40. Reserves for Replacement _____
- 41. Real Estate Taxes _____
- 42. Mortgage Payment (Principal and Interest) _____
- 43. Depreciation _____
- 44. Amortization _____

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 & EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY *(Section 12-63c(d) of the Connecticut General Statutes)*

SIGNATURE _____

NAME/TITLE _____

DATE _____ TELEPHONE _____

EMAIL _____

RETURN TO THE GROTON ASSESSOR'S OFFICE ON OR BEFORE JUNE 1, 2024 TO AVOID 10% PENALTY