## **Annual Expenses for Mixed Use Properties**

Parcel ID:	Location:		Expenses for Calendar Year: 20 (Last Year)			
USE CODE:	Landlord Amount	Tenant Amount	Expense Description: Expense Descriptions-All Expenses <u>Must</u> Relate to the Real Estate and <u>NOT</u> the Business			
Management & Administrative			These expenses are <u>not</u> typically valid for Owner-Occupied properties			
Management	\$	\$	Costs for property management overall, owner or professional service			
Administrative/Salaries	\$	\$	Costs for staffing of secretary and/or leasing agent			
Marketing/Promotion	\$	\$	Costs for advertising, phones, fliers to gain tenants			
Legal Services	\$	\$	Costs for legal advice, contract writing, etc.			
Maintenance & Cleaning			Costs to keep the property presentable, accessible & clean			
Contracted Grounds keeping	\$	\$	Service for mowing, plant trimming, fertilizing, mulching, raking, etc.			
Contracted Snow Removal	\$	\$	Service for clearing driveways, sidewalks & parking after snowfalls			
Contracted Trash Removal	\$	\$	Service for trash pick-up			
Contracted Janitorial/Specialty	\$	\$	Service for cleaning windows, pools, laundry rooms, exterminator			
Property Supplies	\$	\$	Cleaning supplies, hand tools, things used to support the property			
Repairs & Refurbishment			Expenses incurred yearly for basic property maintenance-not major repairs			
Exterior/Interior	\$	\$	Typical painting, trim, glass & screen repair, drawers/door repair			
Electrical, Plumbing, Mechanical	\$	\$	Fixture replacements, plumbing leaks, air cond. repair, heater repair			
Common Area	\$	\$	Fences/gates, sidewalk repair, signs			
<u>Utilities</u>			To heat/cool area, lights, etc. Don't include usage for manufacturing, etc.			
Electricity	\$	\$	If tenant pays, leave amount blank unless annual expense is known			
Gas/Oil	\$	\$	If tenant pays, leave amount blank unless annual expense is known			
Water/Sewer	\$	\$	If tenant pays, leave amount blank unless annual expense is known			
Other Expenses			To cover disaster losses or make major (long-term) upgrades to buildings			
Property Insur. (1 yr, real estate only)	\$	\$	Cost for annual property insurance premium only (no cars, boats, inventory, etc.)			
Reserves for Replacements	\$	\$	Budgeted annually for future costs like new roof, appliances, flooring			
Other (describe):	\$	\$				
Other (describe):	\$	\$				
Total	\$	\$	Note: Debt service (mortgage), real estate taxes and depreciation are NOT allowable expenses since they vary significantly between properties & investors.			
Comments:						

## **Annual Income for Mixed Use Properties**

MIXED USE PROPERTY	Property Location:	Calendar Year 20
RENTAL INCOME		(Last Year)
STATEMENT	USE CODE:	

More forms are available on the Assessor's Webpage at the Town of Barnstable website.

**Commercial Lease Information:** Please provide information on current leases as of January 1st.

Annual/Mo. Rent Entry is as 100% occupied				Lease Terms						
Tenant Name (*If 100% owner-occupied, please write business name(s) below & fill in the next 3 columns only)	Use of Space: (Retail, Office, Mfg, etc.)	Floor Level: (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , Bsmt, all space)	Net Leasable Unit Area (Sq. Ft.)	Lease Type: Gross, Net, NN, NNN	<u>Lease</u> <u>Start</u> <u>Date</u> (Mo/Day/ Yr)	Lease End Date (Mo/Day/ Yr)	# of Months Vacant Last Year	Monthly Rent	Total Annual Rent (12 mo.)	
								\$	\$	
								\$	\$	
								\$	\$	
								\$	\$	
								\$	\$	
								\$	\$	
								\$	\$	
								\$	\$	

**Residential Rental Information:** Please provide the following rental information.

Residential Netter information. Flease provide the following rental information.									
Annual/Mo. Rent Entry is as if 100% occupied			Lease Terms						
<u>Unit Type</u>	Total # of Units	Heat Included? (Y/N)	Electricity Included? (Y/N)	Furnished Or Unfurn.? (F or U)	<u>Lease</u> <u>Start Date</u> (Mo/Day/Yr)	<u>Lease</u> <u>End Date</u> (Mo/Day/Yr)	# of Months Vacant Last Year	Monthly Rent	Total Annual Rent (12 mo.)
Studio								\$	\$
1 Bedroom								\$	\$
2 Bedroom								\$	\$
3 Bedroom								\$	\$
Cottage								\$	\$
Room Weekly								\$	\$

I certify under the pains and penalties of perjury that the information completed) and that this information has been submitted to the Assessor	• •	•
Submitted by (Print Name):	Title:	Phone:
Signature:	Date:	<del></del>