

INCOME AND EXPENSE QUESTIONNAIRE –City/Town: _____

APARTMENTS
FOR 12 MONTHS ENDING DECEMBER 31, 2020

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

Property Location:
Assessor's Map and Lot:
Parcel ID:
Land Use Code:

SECTION I: GENERAL DATA

Number of Rented Units:		Number of Vacant Units:	
Owner Occupied Units:			

SECTION II: INCOME AND LOSS TOTALS FOR CALENDAR YEAR 2020

Enter Gross Income 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.

	Number of Units	Amount
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 2020

Please check if each item is paid by (O)wner or (T)enant. 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	\$		

Expense Type	Amount	O	T	Expense Type	Amount	O	T
Commissions	\$			Insurance (1 Year Premium)	\$		
Repairs Exterior	\$			Reserves for Replacement	\$		
Repairs Interior	\$			Travel	\$		
Repairs Mechanical	\$			Other (Describe)	\$		
Repairs Electrical	\$			Other (Describe)	\$		
Repairs Plumbing	\$			Other (Describe)	\$		
Gas	\$			Real Estate Taxes	\$		
Oil	\$						
Electricity	\$						
Water	\$						
Sewer	\$						
Maintenance Wages	\$						

SECTION IV: INCOME RENT ROLL FOR CALENDAR YEAR 2020

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

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

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

A printout of current Rent Roll is acceptable. Please record # of bedrooms for each unit.

Please indicate if subsidized, amount of subsidies, and any other financial considerations on a separate sheet (s).

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.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										

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: _____