

INCOME AND EXPENSE QUESTIONNAIRE-City/Town: _____

**MARINA PROPERTIES
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

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

SECTION I: GENERAL DATA

Name of Marina:		
Number of Slips Available:	Covered	Uncovered
Number of Slips Occupied:	Covered	Uncovered
Dry Storage:	Covered	Uncovered

Marina Type (Please check one) Recreational _____ Commercial _____ Yacht Club _____ Other _____

Rent Range: \$ _____ to \$ _____ Boat Ft () Slip Ft () Year () Month () Day ()

SECTION II: INCOME AND LOSS TOTALS FOR CALENDAR YEAR 2020

Please enter annual income on Lines 1 through 6 **AS IF FULLY RENTED.**

Calculate Vacancy Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 5** if difference is due to vacancy.

Calculate Concession Loss by subtracting **ACTUAL RENT RECEIVED** from **LINES 5 and 6** if difference is due to concessions.

Other Income (Line 4) includes items such as: cell towers, vending, laundry, parking, billboards, etc. Describe and enter.

	Number of Units	Amount
1. Slip Rental: (Annual rent as if fully rented)		\$
2. Other Rentals: (Annual rent as if fully rented)		\$
3. Misc. Income: (Storage/Yard Fees, etc.) (Annual rent as if fully rented)		\$
4. Total Other Income: (Annual rent as if fully rented)		\$
5. Potential Gross Income: (Add 1 through 4)		\$
6. Loss due to Vacancy: See note above.		\$
7. Loss due to Concessions/Bad Debt: See note above.		\$
8. Total Collection Loss: (Add 6 and 7)		\$
9. Effective Gross Income (Subtract 8 from 5)		\$

SECTION II: EXPENSES FOR CALENDAR YEAR 2020

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/Wages				Maintenance Contract Fee			
Legal/Accounting				Supplies			
Security				Groundskeeping			
Payroll (Except Manager)				Trash Removal			

Expense Type	Amount	O	T	Expense Type	Amount	O	T
Group Insurance				Snow Removal			
Telephone				Exterminator			
Advertising				Depreciation			
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 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: _____