# INCOME AND EXPENSE QUESTIONNAIRE - Town of Gray, ME <br> APARTMENTS <br> FOR 12 MONTHS ENDING DECEMBER 31, $\underline{2023}$ 

Please Return to:<br>KRT Appraisal<br>191 Merrimack Street<br>Suite 701<br>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 $2 \underline{2023}$
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 $\underline{8}$ 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 2023
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 | $\mathbf{O}$ | $\mathbf{T}$ | 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 $2 \underline{2023}$

## 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. ( $\mathrm{Y} / \mathrm{N}$ )
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> BR'S | Unit <br> \# | Floor <br> Level | Heat <br> Included | Electric <br> Included | Annual Rent | Lease <br> Type | Start <br> Date | Term <br> 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: $\qquad$
$\qquad$
Signature of owner or preparer: . . . $\qquad$
Phone:
Date:
$\qquad$

