INCOME AND EXPENSE QUESTIONNAIRE – Town of Gray, ME MIXED USE PROPERTIES FOR 12 MONTHS ENDING DECEMBER 31, 2023

Please Return to: KRT Appraisal 191 Merrimack Street Suite 701 Haverhill, MA 01830

<u>NOTE: THIS IS A TWO PAGE DOCUMENT</u> <u>NOTE: SIGNATURE IS REQUIRED ON SECOND PAGE</u>

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

SECTION I: GENERAL DATA

| Total Number of Units: | Number of Rentable Units including owner's: | |
|--------------------------|---|--|
| Net Leasable Area in SF: | Owner Occupied Area in SF: | |

SECTION II: INCOME AND LOSS TOTALS FOR CALENDAR YEAR <u>2023</u> Enter annual incomes on Lines 1 through 6 <u>AS IF FULLY RENTED</u>.

Calculate Vacancy Loss by subtracting <u>ACTUAL RENT RECEIVED</u> from <u>LINE 7 if difference is due to vacancy</u>. Calculate Concession Loss by subtracting <u>ACTUAL RENT RECEIVED</u> from <u>LINE 7 if difference is due to concessions</u>.

Other Income (Lines 11 and 12) includes items such as: cell towers, vending, laundry, parking, billboards, etc. Describe and enter.

| | Units | Amount |
|--|-------|--------|
| 1. Total Office Rental Income: (Annual rent as if fully rented) | | \$ |
| 2. Total Retail Rental Income: (Annual rent as if fully rented) | | \$ |
| 3. Total Industrial/Warehouse/Garage Rental Income: (Annual rent as if fully rented) | | \$ |
| 4. Total Apartment Rental Income: (Annual rent as if fully rented) | | \$ |
| 5. Other Income: (Describe) | | \$ |
| 6. Other Income: (Describe) | | \$ |
| 7. Potential Gross Income: (Add 1 through 6) | | \$ |
| 8. Loss due to Vacancy: (Loss due to vacancy) See note above. | | \$ |
| 9. Loss due to Concessions/Bad Debt: (Loss due to concessions) See note above. | | \$ |
| 10. Total Collection Loss: (Add 8 and 9) | | \$ |
| 11. Effective Gross Income (Subtract 10 from 7) | | \$ |

| | Amount |
|--|--------|
| Expenses reimbursed by tenants EXCLUDING RE TAX: | \$ |
| Expenses reimbursed by tenants RE TAX ONLY: | \$ |

SECTION III: EXPENSES FOR CALENDAR YEAR 2023

Please check if each item is paid by Owner or Tenant. If entering "Other", please describe. **Expense Type** 0 T **Expense Type O T** Amount Amount **Management Fee Maintenance Contract Fee** Legal/Accounting Supplies Security Groundskeeping Payroll **Trash Removal Group Insurance Snow Removal** Telephone Exterminator Advertising **Elevator Maint.** Commissions **Insurance (1 Year Premium) Repairs Exterior Reserves for Replacement Repairs Interior** Travel

| Expense Type | Amount | 0 | Т | Expense Type | Amount | 0 | Т |
|---------------------------|--------|---|---|-------------------|--------|---|---|
| Repairs Mechanical | | | | Other (describe) | | | |
| Repairs Electrical | | | | Other (describe) | | | |
| Repairs Plumbing | | | | Other (describe) | | | |
| Gas | | | | Real Estate Taxes | | | |
| Oil | | | | | | | |
| Electricity | | | | | | | |
| Water | | | | | | | |
| Sewer | | | | | | | |
| Maintenance Wages | | | | | | | |

SECTION IV: COMMERCIAL INCOME RENT ROLL FOR CALENDAR YEAR 2023

Please enter annual rent AS IF FULLY RENTED.

Please calculate vacancy by subtracting <u>ACTUAL RENT FROM ANNUAL RENT</u>.

Please enter Lease Type "G" (GROSS), "N" (NET), "NN" (DOUBLE NET), "NNN" (TRIPLE NET), or "TAW" if Tenant at Will.

If this information is recorded on a separate sheet, please include it when returning this form.

| Tenant Name | Use | Unit # | Floor Level | Leased Area (SF) | Annual Rent | Lease Type | Start Date | Term Years | Vacancy |
|-------------|-----|-----------|----------------|---------------------|-------------|---------------|---------------|---------------|---------|
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |

SECTION V: RESIDENTIAL INCOME RENT ROLL FOR CALENDAR YEAR <u>2023</u> Please enter annual rent <u>AS IF FULLY RENTED</u>. Please calculate vacancy by subtracting <u>ACTUAL RENT FROM ANNUAL RENT</u>.

| 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. | | | | | | | | | | |

SECTION VI: 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: | |
| | |
| Date: | |