

Income and Expense Report

City of Auburn Assessor
 Memorial City Hall
 24 South St
 Auburn, NY 13021 315-255-4125

THIS FORM MUST BE SUBMITTED TO THE ASSESSOR **ON OR BEFORE NOVEMBER 1, 2020**

Tax Map Number:			
Property Address:		Mailing Address:	
Owner:		City/State/Zip:	
1. Primary Property Use: Apartment ___ Office ___ Retail ___ Industrial ___ Mixed Use ___ Other ___			
2. Gross Building Area (sf): (include owner occupied space)		6. Number of Units	
3. Net Leasable Area(sf):		7. Number of Parking Spaces	
4. Owner Occupied Area(sf):		8. Actual Year Built	
5. Common Area(sf):		9. Year Remodeled	
INCOME 2019		EXPENSES 2019	
10. Apartment Rentals (schedule A)	\$	22. Advertising	\$
11. Office Rentals (schedule B)	\$	23. Cleaning and Maintenance	\$
12. Retail Rentals (schedule B)	\$	24. Commissions/Leasing Fees	\$
13. Industrial Rentals (schedule B)	\$	25. Insurance	\$
14. Mixed Use Rentals (schedule B)	\$	26. Legal & other Professional fees	\$
15. Other Rentals	\$	27. Management Fees	\$
16. Parking Rentals	\$	28. Repairs	\$
17. Other Property Income	\$	29. Supplies	\$
18. Washer/Dryer Income	\$	30. Utilities (you paid)	\$
19. Total Potential Income <i>Add lines 10 to 18</i>	\$	31. Security	\$
20. Loss due to Vacancy/Credit	\$	32. Common Area Maintenance	\$
21. Effective Annual Income <i>Subtract line 20 from line 19</i>	\$	33. Other (specify)	\$
Sale, Mortgage or Appraisal Verification <i>Complete if sold, listed for sale, or mortgaged since 1/1/2018</i>		34. Total Expenses <i>Add lines 22 to 33</i>	\$
Purchase Price \$	Date of Purchase:	35. Capital Expenses	\$
Appraised Value \$	Appraisal Date:	36. Mortgage Paid to Banks	\$
Was the sale between related parties? Yes ___ No ___		37. Other Interest	\$
First Mortgage \$	Interest Rate: Years:	38. Depreciation	\$
Other Financing \$	Interest Rate: Years:	39. Real Estate Taxes	\$
Asking Price \$	Date Listed:		

I do hereby declare under penalties of false statement that the foregoing information and that reflected on the attached schedule(s) is, according to the best of my knowledge, remembrance and belief, a complete and true statement of all income and expense.

Signature: _____ Date: _____

Printed Name/ Title _____ Telephone: _____

The above property is: 100% Owner Occupied _____ 100% Leased to a related person, corporation or business entity _____

SCHEDULE A - 2019 APARTMENT RENT SCHEDULE						<i>Complete this section for Apartment rental activity only</i>				
Unit Type	Number of Units		Room Count		Unit size (square feet)	Monthly Rent		Typical Lease Term	Building features included in rent -circle all that apply	
	Total	Rented	Rooms	Baths		Per unit	Total			
Efficiency									Heat	Pool
1 Bedroom									Electricity	Security
2 bedroom									Other utilities	
3 Bedroom									Air conditioning	
4 Bedroom									Tennis Courts	
Other Rentable Units									Stove/Refrigerator	
Owner/manager occupied									Garbage disposal	
SUBTOTAL									Furnished Unit	
Garage/Parking									Dishwasher	
Other Income (Specify)									Other (specify) _____	
TOTALS										

SCHEDULE B - 2019 LESSEE RENT SCHEDULE						<i>Complete this section for all other activities EXCEPT apartment rentals</i>				
Name of Tenant	Location of Leased Space	Type/Use of Leased Space	Lease Term			Annual Rent				Property expenses & Utilities paid by tenant
			Start Date	End Date	Leased sq. ft.	Base Rent	Esc/Cam/ overage	Total rent	Rent per sf	
Other Income (Specify)										
TOTAL										

COPY AND ATTACH ADDITIONAL PAGES IF NEEDED

This Form must be submitted to the Assessor on or before November 1, 2020