

RENTAL INSTRUCTIONS RESIDENTIAL USES

Provide information as requested for all areas of the property that are potentially rentable. If the form does not provide sufficient space to list all of your tenants, please make a copy of the blank form before proceeding and attach completed copies. For part 3) TENANT DETAIL, a computer printout or other such listing that includes all the requested information is acceptable. However, please use the form provided for all other information required

1) HOUSING TYPE

Place a check in the space provided to the right of the description that best describes the type of residential housing being reported.

2) UNIT SUMMARY

The UNIT SUMMARY is used to determine the total number and average monthly rent for each type of unit in the building. Locate the appropriate lines that describe the units in your building and write the number of units and average monthly rent. For example, line 2 should be used to supply the number of units, and average monthly rent for one-bedroom units; line 3 should be used to supply the number of units and average monthly rent for two bedrooms. Use lines 6 through 8 to supply information including the number of bedrooms and bathrooms for unit types not already pre-printed. Also indicate the **TOTAL NUMBER OF UNITS** and **TOTAL UNITS VACANT ON 1/1/2017**.

3) TENANT DETAIL

TENANT NAME (OR VACANT) – Print the name of each tenant who occupied a unit on 1/1/2017 in this column. For any space that is vacant, write “VACANT”. Indicate any areas that are occupied by the owner of the building.

UNIT TYPE – Describe the rental unit by indicating the number of bedrooms and number of bathrooms in the unit. Follow the examples outlined below to determine “UNIT TYPE”

<u>Description</u>	<u>Unit Type</u>
Studio, 2/ 1 bath	Studio
1 Bedroom, 1 bath	1BR
2 Bedroom, 1 bath	2BR
3 Bedroom, 2 bath	3BR

MONTHLY RENT ON 1/1/2017 – Indicate the monthly rent for parking spaces rented as of January 1, 2017. For areas that are vacant or owner occupied indicate the monthly rent you would have charged for the area as of January 1, 2017.

MONTHLY PARKING RENT ON 1/1/2017 – Indicate the monthly parking rent for parking spaces rented as of January 1, 2017.

NUMBER OF OUTDOOR SPACES - Indicate the total number of outdoor parking spaces provided to the tenant.

NUMBER OF INDOOR SPACES – Indicate the total number of indoor parking spaces provided to the tenant.

HOW MANY UNITS DOES THE OWNER OCCUPY? – Indicate the total number of units occupied by the owner and other family members.

4) MISCELLANEOUS INCOME

SOURCE OF INCOME – Identify the source of any additional income that is derived from the property that are not directly attributable to any one tenant. For example, laundry facilities, recreation facilities, vending machines, pay phones, etc.

ANNUAL INCOME – State the annual gross income under each source.

5) PARKING INFORMATION

TOTAL NO OF SPACES – Indicate the total number of available outdoor parking spaces on the top line. Indicate the total available indoor parking spaces on the bottom line. These totals should reflect the total

number of parking spaces on the site whether rented or vacant.

SINGLE SPACE MONTHLY RENT – Indicate the monthly rent for a single parking space. Use the top line to indicate the number of outdoor spaces, use the bottom line to indicate the number of indoor spaces.

6) INCOME SUMMARY FOR CALENDAR YEAR 2016

TOTAL POTENTIAL GROSS INCOME – Indicate the total amount of income that the property would have generated during calendar year 2016 if all units were fully leased for the entire year at market level rents.

TOTAL CONCESSIONS – Indicate the total amount of revenue foregone through rent concessions in 2016.

TOTAL VACANCIES – Indicate the total amount of revenue forgone due to vacancies during 2016.

TOTAL COLLECTION LOSS – Indicate the total amount of revenues foregone due to bad debt and collection losses that occurred during 2016.

TOTAL MISC. INCOME – Indicate the total amount of parking income collected during 2016.

TOTAL PARKING INCOME – Indicate the total amount of parking income collected during 2016.

TOTAL RENT COLLECTED – Indicate the gross income collected during calendar year 2016 by adding up the individual amounts under the TOTAL RENT COLLECTED 2016 column. Also include any income received from MISCELLANEOUS and PARKING income. If you are charging market level rents, this figure should equal **TOTAL POTENTIAL GROSS INCOME minus TOTAL CONCESSIONS minus TOTAL VACANCIES minus TOTAL COLLECTION LOSS plus TOTAL MISC. INCOME plus TOTAL PARKING INCOME**.

EXPENSE INSTRUCTIONS FOR ALL PROPERTY USES

Provide information regarding the expenses incurred in the operation of the property during calendar year 2016. Any expenses that cover more than one year must be pro-rated and annualized (such as a 3 year insurance premium). Indicate the amount of annual expense under the appropriate column marked Landlord Amount or Tenant Amount based upon which party paid the expense.

EXPENSES FOR CALENDAR YEAR 2016

MANAGEMENT & ADMINSTRATIVE

MANAGEMENT WAGES OR FEE — List wages or fees paid to individuals or companies employed to provide security at the property.

LEGAL AND ACCOUNTING WAGES OR FEE — List wages or fees paid for legal and accounting expenses that are directly attributable to the property's operation.

SECURITY WAGES OR FEE — List wages or fees paid to individuals or companies employed to provide security at the property.

PAYROLL TAXES — List payroll taxes paid for employees who are engaged in the management of the property.

GROUP INSURANCE — List group insurance premiums paid for employees engaged in the management of the property.

PHONE — List any phone expense incurred which directly relates to the operation of the property.

ADVERTISING — List advertising costs associated with the management of the property.

OTHER — List any other expenses attributable to the management and administration of the property. Provide an explanation of each expense under this category.

MAINTENANCE & CLEANING

WAGES — List any wages paid for maintenance and cleaning of the property.

SUPPLIES — List expenses incurred for the purchase of maintenance and cleaning supplies.

MAINTENANCE SERVICE CONTRACT FEE — List expenses paid to companies employed under contract to maintain and clean the property.

GROUNDS KEEPING]		
List expenses paid			
RUBBISH REMOVAL]	for calendar year	
W REMOVAL]	2016	for
each			
EXTERMINATOR]	category listed.	

OTHER — List other expenses paid for the maintenance and cleaning of the property. Provide an explanation of any such costs.

UTILITIES

Provide expenses incurred for calendar year 2016 for each listed category.

MINOR REPAIRS

Provide a description of and list amounts spent during 2016 on minor repairs. Examples of minor repairs include patching of roof leaks, repair of leaky plumbing, locksmith repairs, minor electrical repairs, etc.

RENOVATIONS & ALTERATIONS

Provide a description of and list the total amount spent on renovations and alterations during 2016. Renovations include replacement of short-lived items such as carpets, appliances, hot water heaters, interior

finish, painting and decorating, exterior siding and roofing. Alterations include tenant build-outs.

ADDITIONS & IMPROVEMENTS

Provide a description of and list the total amount spent on additions and improvements during 2016. Additions include any increase in square footage or number of plumbing fixtures. Improvements include efforts to update and modernize which lead to a change in use or and upgrade in construction quality.

OTHER EXPENSES

RESERVES FOR REPLACEMENT — List any funds set aside annually to cover the anticipated replacement costs of short-lived items such as the roof, appliances, painting, mechanical equipment, etc.

APARTMENTS FOR EMPLOYEES — List the annual amount of foregone income for apartments that are rented free or below market to employees.

INSURANCE — List the annual premium paid for insurance for calendar year 2016

OTHER — List any other expenses that are not covered in other categories. Provide an explanation of other such expenses.

COMMENTS

Write any information specific to expenses that you believe relevant to the valuation of the property.

Questionnaire for the Confirmation of Real Property Sales

*Please complete this form if you either acquired
this property or refinanced this property since
January 1, 2013*

Buyer Name: _____

Seller Name: _____

Please supply the name and address of the Broker and Brokerage agency (if none involved, write "NONE" below)

Please supply the name and address of the Attorney and Law firm employed below

Was more than one property involved in the sale _____? If yes, please list the other parcels or units involved.

Were there any furnishings, machinery and equipment, licenses, goodwill, or other personal property that were included in the sale with a value exceeding \$1,000. _____?

If yes please describe and estimate the value, below:

List any improvements that were made prior to the sale; include the estimated cost:

List any improvements that were made after the sale; include the estimated cost:

If the sale involved a condominium unit, list the number of parking spaces included and indicate their identification numbers:

No of outdoor spaces: _____
No of Indoor spaces: _____
ID numbers: _____

Did the buyer assume any of the seller's existing Financing? _____
If yes, which of the above financing was assumed? _____

Did the buyer assume payment of unpaid taxes or assessments in excess of \$1,000.00? _____

If yes, state the amount(s) and purpose(s) below:

How long was this property for sale? _____

Describe below any other considerations that may cause the total sale's market price to understate or overstate the market value of the property. Examples include appreciation sharing clauses, unfavorable leases, special finance arrangements, etc.

Please check below the use that best describes the use of the property at the time _____ of _____ the _____ sale:

_____ Commercial	_____ Apartment
_____ Mixed Commercial & Residential	_____ Vacant Land
_____ Commercial Condominium	_____ Industrial
_____ Other _____	

Has the above use changed since the purchase? _____

If yes, describe the current use: _____

Please place a check beside each condition listed below which applies to this sale:

- Transaction between family members
- Transaction between business affiliates
- Transaction between friends
- Transaction to or from a government agency
- Transfer of convenience (i.e., to correct title)
- Transfer as a result of a court order
- Transfer as a result of a legal proceeding
- Transfer as a result of a foreclosure proceeding
- Transfer as to settle an estate (probate)
- Transfer as a result of a divorce proceeding
- Transfer to or from a non-profit organization
- Transfer to or from a financial institution
- Transfer conveyed less than entire interest
- Transfer involved trade of other real estate
- Transfer included trade of personal property
- Property acquired through inheritance
- Property acquired at an auction
- Buyer was tenant at time transfer was agreed on
- Buyer exercised an option to buy
- None of the above apply**

PURCHASE INFORMATION

DATE OF SALE **TOTAL PRICE** **DOWN PAYMENT**

MORTGAGE INFORMATION

MORTGAGE 1 **TOTAL PRICE** **DOWN PAYMENT**

AMOUNT	INT RATE	FIXED?	YEARS
\$			

MORTGAGE 2 **TOTAL PRICE** **DOWN PAYMENT**

AMOUNT	INT RATE	FIXED?	YEARS
\$			

MORTGAGE 1 **TOTAL PRICE** **DOWN PAYMENT**

AMOUNT	INT RATE	FIXED?	YEARS
\$			

CERTIFICATION

OWNER:

I certify under pains and penalties of perjury that the information supplied in this requisition is true and correct.

Owner's Name (Please Print)

Owner's Signature Date

Mailing Address

City State Zip

Daytime Area Code and Phone Number

Please return the completed survey to:

Auburn Board of Assessors

REPRESENTATIVES STATEMENT:

I certify under pains and penalties of perjury that the information supplied in this requisition is to the best of my knowledge true and correct, and that I am the owner's authorized representative.

Representative's Name (Please Print)

Representative's Signature Date

Mailing Address

City State Zip

Daytime Area Code and Phone Number

104 Central St.
Auburn, MA 01501

Town of Auburn

Chapter 59 § 61A Supporting Documentation Request for Apartments

**Town of Auburn, Board of Assessors
Expenses for All Property Uses**

Expenses for Calendar Year

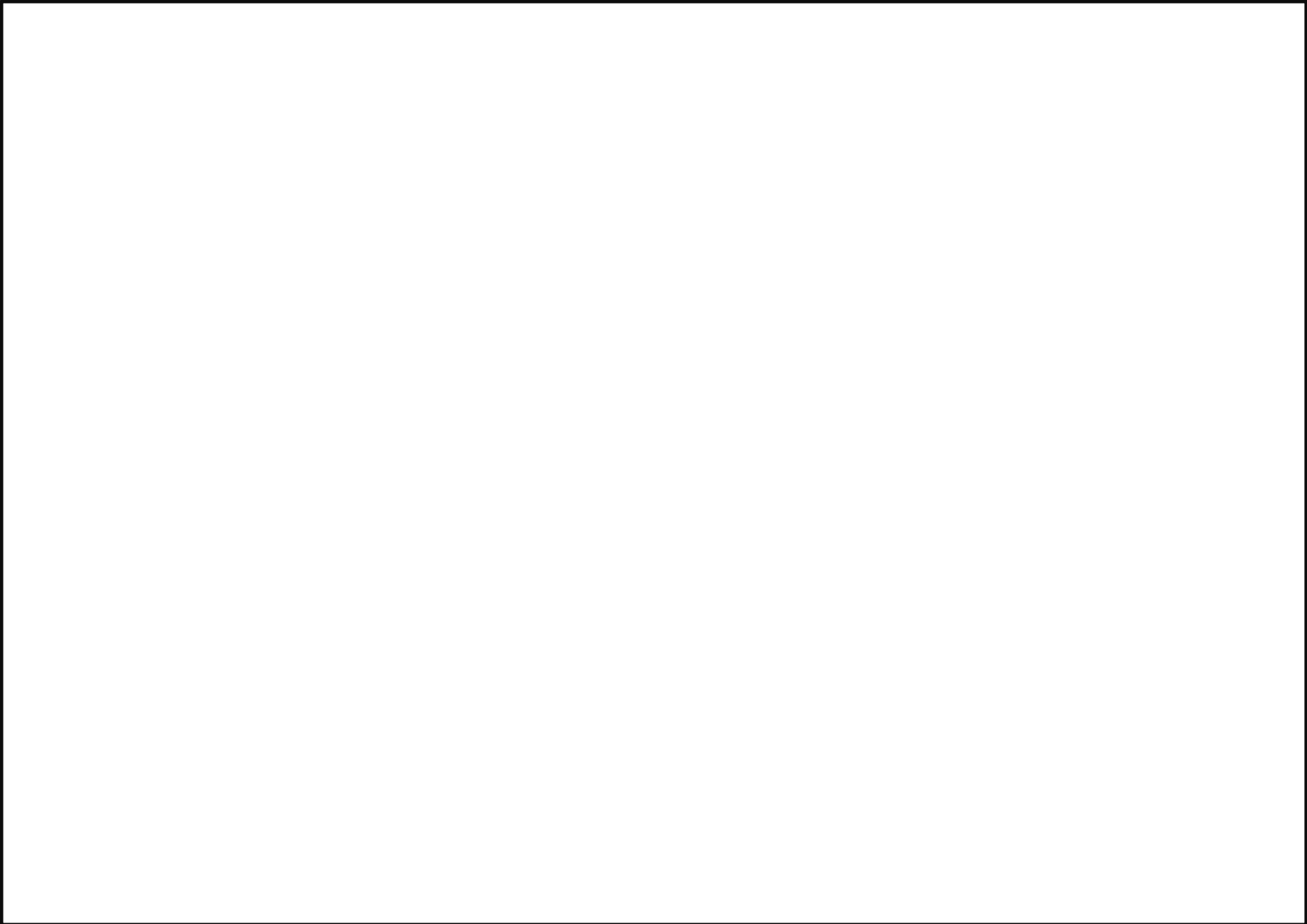
	2016 Landlord Amount	Tenant Amount
Management and Administrative		
Management Wages or Fee	\$ _____	\$ _____
Legal & Acocunting Wages or Fees	\$ _____	\$ _____
Security Wages or Fees	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Group Insurance	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Advertising	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____
Maintenance & Cleaning		
Wages	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Maint. Service Contract Fee	\$ _____	\$ _____
Grounds Keeping	\$ _____	\$ _____
Rubbish Removal	\$ _____	\$ _____
Snow Removal	\$ _____	\$ _____
Exterminator	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____
Utilities		
Electric	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Oil	\$ _____	\$ _____
Water & Sewer	\$ _____	\$ _____
Total	\$ _____	\$ _____

	2016 Landlord Amount	Tenant Amount
Minor Repairs		
Description	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____
Renovations and Alterations		
Description	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____
Additions & Improvements		
Description	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____
Other Expenses		
Real Estate Taxes	\$ _____	\$ _____
Reserve for Replacement	\$ _____	\$ _____
Appartments for Employees	\$ _____	\$ _____
Insurance (1 year premium)	\$ _____	\$ _____
Total	\$ _____	\$ _____

Comments:

Building Dimensions & Floor Plan

Please list or attach a floor plan with dimensions and story heights for the corresponding property

A large, empty rectangular box with a black border, intended for a floor plan or dimensions. The box is currently blank.

