



**Town of Stratford Assessor's Office**  
**ROOM HOUSE**  
**Income and Expense Survey for Calendar Year 2018**

Information provided is CONFIDENTIAL, in accordance with Connecticut General Statutes

Owner of Record: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Name of Facility: \_\_\_\_\_ Property ID# \_\_\_\_\_  
Form Preparer/Position: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_  
Year of Construction: \_\_\_\_\_ Total Number of Bedrooms: \_\_\_\_\_

Are any units subject to rent regulation? \_\_\_\_\_  
(if so, please indicate number and type) \_\_\_\_\_

Please Indicate Appliances Furnished:

- |                                       |                                     |   |
|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Stove      | <input type="checkbox"/> Wall Oven        |
| <input type="checkbox"/> Microwave    | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Washer       | <input type="checkbox"/> Dryer      | <input type="checkbox"/> Other: _____     |

Air Conditioning:

- None       Central Building Unit       Individual Unit(s) Provided by Landlord (No. \_\_\_\_\_)

Utilities: (indicate whether Landlord [L] or Tenant [T] pays)

Gas \_\_\_\_\_ Electric \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Cable \_\_\_\_\_ Internet \_\_\_\_\_

Are Any Units Furnished? \_\_\_\_\_ (if yes, specify number) \_\_\_\_\_

Total Sq. Ft area of basement: \_\_\_\_\_ Sq. Ft. of Basement Finish: \_\_\_\_\_

Elevator: Yes \_\_\_\_ No \_\_\_\_      Sprinklers: Yes \_\_\_\_ No \_\_\_\_

Are there any charges to tenants for services not included in the rental rate of a room?  
(if yes, please explain)

Annual percent vacancy (Avg. over past 3 years): \_\_\_\_\_ Is This Typical: Yes \_\_\_\_ No \_\_\_\_  
(Must be Actual)

Do any of the subsequent income and expense figures for the above stated reporting period differ significantly from the property's normal operating experience: Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain: \_\_\_\_\_



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**Statement of Income** (please read definitions below first)

**Gross Rental Income**.....the total annual income from the rental of space assuming that all space is 100% occupied. The fair rental value of an employee's room would be included.

**Other Income** .....the income from services that are corollary to the operation of the real estate. It is income generated by operation of the real property, but not derived directly from room rental. Examples of other income would include income from laundry rooms or income from vending machines.

Unit Type	No. of Units		Room Count		Unit Size	Monthly Rent		Typical
	Total	Rented	Rooms	Baths	Sq. FT.	Per Unit	Total	Lease Term
Attach rent roll if rent per unit varies								
Efficiency								
1 Bedroom								
2 Bedroom								
3 Bedroom								
Other Rentable Units								
Owner/Manager/								
Superintendent								
Occupied								
<b>Total Monthly Rent</b>								
<b>1.</b>		<b>Total Annual Rent (Total Monthly x 12)</b>						

Source Of Income (ie.Laundry, Vending, Parking, etc Please Describe)	Annual Amount
<b>2.</b>	<b>Total Other Income</b>
<b>3.</b>	<b>Total Potential (Annual) Gross Income</b> (1. + 2.)
<b>4.</b>	<b>Actual Income Collected for Calendar Year 2018</b>

**Total Effective Gross Income** \_\_\_\_\_  
(Total Potential Gross Income-Amount Actually Collected)



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**Statement of Expenses** (please read guidelines below first) - If the expense item is applicable to the operation of the real property, please insert the appropriate amount of the expense. If an expense item is not listed, space is provided under other expense items to insert the type of expense and the amount. The annual expense item must coincide with the same annual period specified for gross income. Please allocate expense items that are not incurred annually into an annual amount.

**Annual Operating Expenses**

Advertising	_____
Administrative	_____
Cable/internet services	_____
Decorating/Painting	_____
Electric	_____
Exterminating	_____
Gas/Oil	_____
Heat	_____
Insurance	_____
Leasing Commissions	_____
Janitorial/Cleaning	_____
Management	_____
Payroll	_____
Repair and Maint: Building	_____
Repair and Maint: Grounds	_____
Reserves for Replacement (Attach Detail)	_____
Rubbish Removal	_____
Security	_____
Sewer	_____
Snow Removal	_____
Supplies (Office, Cleaning,)	_____
Water	_____
Other ( Define) _____	_____
Other (Define) _____	_____
Other (Define) _____	_____
Other ( Define) _____	_____

**Total Operating Expenses \$ \_\_\_\_\_**

**Net Operating Income \$ \_\_\_\_\_**  
(Effective Gross Income – Total Operating Expenses)

**Please include a copy of your year-end Income Summary.**

Comments or Additional Information (may be attached):

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**Verification of Purchase Price**

Purchase Price	\$ _____	Down Payment	_____	Date of Purchase	_____	(Check One)	
Date of Last Appraisal	_____	Appraisal Firm	_____	Appraised Value	_____	Fixed Rate	Variable Rate
First Mortgage	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____ Years		
Second Mortgage	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____ Years		
Other	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____ Years		
Chattel Mortgage	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____ Years		

Did the purchase price include payment for furniture and or equipment ?  Yes  No

Has the property been listed for sale since your purchase?  Yes  No    If, Yes please state Asking Price \_\_\_\_\_, Date Listed \_\_\_\_\_, Broker \_\_\_\_\_

Remarks: Explain special circumstances or reason for your purchase. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**As Required by Section 12-63c (d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form, files an incomplete or false form with intent to defraud, shall be subject to a penalty assessment equal to a Ten Percent (10%) increase in the assessed value of such property.**

Any form returned incomplete will not be accepted and be subject to the 10 percent penalty. Any form received after May 31, 2019, will have a 10% penalty applied to the October 1, 2018 Grand List billing cycle.

I do hereby declare under penalties of false statement that the information provided is according to the best of my knowledge, remembrance and belief, is a complete and true statement of all the income and expenses attributable to the above identified property (section 12-63c (d) of the Connecticut General Statutes).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**(print)** \_\_\_\_\_

**Signature and Affidavit of Facts**