Annual Expenses for Apartments & Rooming Houses

Parcel ID:	Location: Property Use:			Expenses for Calendar Year: 20 (Last Year)		
USE CODE:	Owner Amount	Tenant Amount (if applicable)	Expense Description:			
Management & Administrative			Costs to maintain 100% tenant occupancy			
Management	\$	\$	Costs for property managemen	t overall, owner or professional service		
Administrative/Salaries	\$	\$	Costs for staffing of secretary a	nd/or leasing agent		
Marketing/Promotion	\$	\$	Costs for advertising, phones, f	liers to gain tenants		
Legal Services	\$	\$	Costs for property-related legal	advice, contract writing, etc.		
Maintenance & Cleaning			Costs to keep the property presentable, accessible & clean			
Contracted Grounds keeping	\$	\$	Service for mowing, plant trimming, fertilizing, mulching, raking, etc.			
Contracted Snow Removal	\$	\$	Service for clearing driveways, sidewalks & parking after snowfalls			
Contracted Trash Removal	\$	\$	Service for trash pick-up			
Contracted Janitorial/Specialty	\$	\$	Service for cleaning windows, pools, laundry rooms, exterminator			
Property Supplies	\$	\$	Cleaning supplies, hand tools, things used to support the property			
Repairs & Refurbishment			Expenses yearly for basic property maintenance-not major repairs			
Exterior/Interior	\$	\$	Typical painting, trim, glass & screen repair, drawers/door repair			
Electrical, Plumbing, Mechanical	\$	\$	Fixture replacements, plumbing leaks, air cond. repair, heater repair			
Common Area	\$	\$	Pool fences/gates, sidewalk repair, signs			
<u>Utilities</u>			Reports office/clubhouse/laundry bldg/pool/common area costs			
Electricity	\$	\$	If not included in rent, leave te	nant amount blank unless cost is known		
Gas/Oil	\$	\$	If not included in rent, leave te	nant amount blank unless cost is known		
Water/Sewer	\$	\$	If not included in rent, leave te	nant amount blank unless cost is known		
Other Expenses						
Property Insur. (1 year, real estate only)	\$	\$	Cost for annual property insurance premium only (no cars, boats, etc			
Reserves for Replacements	\$	\$	Budgeted annually for future costs like new roof, appliances, flooring			
Other (describe):	\$	\$				
Other (describe):	\$	\$				
Total	Total \$		Note: Debt service (mortgage), real estate taxes and depreciation are NOT allowable expenses since they vary significantly between properties & investors.			
Comments:		L				

Annual Income For Apartments and Rooming Houses

APARTMENT USE PROPERTY Locat				cation:					Calendar Year: 20	
RENTAL INCOME STATEMENT Parcel			ID:					Last Year		
Note: You may attach an annual rent roll as long as it includes ALL of the same information requested below. More forms available on Assessor's Website.							r's Website.			
Occupancy Information:										
Floor Level: (1 st , 2 nd ,3 rd , Basement, House)	#Bedrooms/ #Baths	Heat Included? (Y/N)	Electricity Included? (Y/N)	Furnished or Unfurn.? (F/U)	Trash Service Included? (Y/N)	Parking Included? (Y/N)	Lease Start/End Dates (mo/day/yr) Or Tenant-at-Will (TAW)		/yr) Monthly Rer	Total Annual t Rent (All 12 mos.)
							Begin:	/End:	\$	\$
							Begin:	/End:	\$	\$
							Begin:	/End:	\$	\$
							Begin:	/End:	\$	\$
							Begin:	/End:	\$	\$
							Begin:	/End:	\$	\$
							Begin:	/End:	\$	\$
							Begin:	/End:	\$	\$

Property Summary	# of Units	Avg. Monthly Rent	# Units with some Vacancy last year	Total # of months vacant last year (all units)	# of Units Owner/Family Occupied	Parking Information	Total # of Spaces	Single Space Monthly (if extra charge to tenant)
Studio		\$				Garage or Covered Parking		\$
One		\$				Open Space Parking		\$
Тwo		\$				Total:		
Three		\$				Comments:		
House or Cottage		\$						
Total # of Units:								

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct (all lines below MUST be completed) and that this information has been submitted to the Assessors Office within the 60 day deadline as required by law:

Submitted by (Print Name): ______ Title: _____ Title: _____ Phone#: _____

Signature: _____ Date: _____

LA-38D(6/2005) PLEASE FILL OUT REVERSE SIDE OF FORM