

Milton Assessor's Office
 43 Bombardier Rd. Milton VT 05468
 Office Phone 802-893-6655 Option 5
 Email: reappraisal@miltonvt.gov

PLEASE NOTE: Some functions of this form may not be available in a web browser. To sign digitally, and submit via email, download (save) this file to your computer and open in Adobe Reader (or comparable).

Commercial Income and Expense Survey

Parcel ID _____ Owner Occupied _____
 Owner Name _____
 Mailing Address _____
 Property Location _____
 Description _____
 Prepared by/Title _____ Phone _____

Income Data				Additional Income Reimbursements			
Tenant Use of Space: Retail/Office/Apt.	Floor Level/Units	Leased Area - SQFT	Monthly or Annual Rent	Parking Spaces	Common Area Maint	Utilities	Other
Studio							
1 Bedroom							
2 Bedroom							
3 Bedroom							
Totals	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Tenant: If unit is vacant, enter VACANT and provide assumed/typical lease amount.
Parking: If parking is additional income, put the income amount in the box. Place a Y if parking is available as part of the base rental amount.
CAM: Common area maintenance fees are grounds maintenance, trash and security.
Taxes: Real Estate Taxes
Utilities: Heat, Hot water, Electricity, Water, Sewer
Other: Please Specify _____
 Parking Available to Tenants: _____ Total Spaces

Total Potential Annual Gross Income \$ _____
Actual Annual Gross Income: \$ _____ (Considering vacancy/loss of rent)

Commercial Income and Expense Survey - Continued

Check all categoris below that match your property uses:

Retail: _____ Restaurant: _____ Residential: _____ Office: _____ Warehouse: _____ Manuf: _____

Other: Please Specify _____

Annual Operating Expenses

- 1. Real Estate Taxes \$ _____
- 2. Building Insurance \$ _____
- 3. Trash Removal \$ _____
- 4. Grounds (Lawn, Snow) \$ _____
- 5. Utilities
 - a. Sewer and Water \$ _____
 - b. Electric, Oil & Gas \$ _____
- 6. Mangement \$ _____
(Includes advertising
legal, accounting)
- 7. Leasing Expenses
 - a. Marketplace Fees \$ _____
 - b. Tenant Alterations \$ _____
 - c. Tenant buy-outs \$ _____
 - d. Other leasing Costs \$ _____
Specify _____
- 8. Repairs and Maintenance \$ _____
- 9. Replacement and Reserves \$ _____
(Short-lived items such as
roof, heating, appliances)
or
Reserves Account Amount \$ _____
- Total Operating Expenses** \$ _____

Office Use Only

1. (Taxes Not Included)
2. _____
3. _____
4. _____
5a. _____
5b. _____
6. _____
7a. _____
7b. _____
7c. _____
7d. _____
8. _____
9. _____

Total \$ _____

Comments:

Authorized Signature: _____ Date: _____

PLEASE NOTE: To sign, and submit this form, you may first need to download (save) to your computer and open the file in Adobe Reader or other comparable software.