**** CONFIDENTIAL ****

WILLIAMSON COUNTY, TENNESSEE
PROPERTY ASSESSOR'S OFFICE

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Brad Coleman
Assessor of Property

Williamson County
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APARTMENT PROPERTY INCOME AND EXPENSE QUESTIONNAIRE

ALL INFORMATION FURNISHED BY THE PROPERTY OWNER WILL BE FOR THE USE OF THE WILLIAMSON COUNTY OFFICE OF THE PROPERTY ASSESSOR. UNDER THE AUTHORITY OF THE TENNESSEE COURT RULES ANNOTATED, RULES OF CIVIL PROCEDURE 34.01, THIS INFORMATION WILL BE REQUESTED AS APPLICABLE IN HEARINGS BEFORE THE STATE BOARD OF EQUALIZATION. ALL DATA FURNISHED WILL REMAIN CONFIDENTIAL IN ACCORDANCE WITH 67-5-402 OF THE TENNESSEE TAX CODE ANNOTATED, AND WILL NOT APPEAR ON ANY DOCUMENTS THAT ARE AVAILABLE TO THE PUBLIC.

PLEASE COMPLETE AND RETURN TO THE ABOVE ADDRESS BY

April 15, 2012

List all Map and Parcel numbers in this statement _____

Accounting Period: **Beginning** Month _____ Year _____ **Ending** Month _____ Year _____

Name of Project: _____

Property Address: _____

Name of Owner: _____

Name of Agent / Management Firm: _____

Address of Agent / Management Firm: _____

_____

Does the Agent / Management Firm have an ownership in the property? YES or NO (please circle)

Are any operating expenses paid to persons with an ownership interest? YES or NO (attach explanation if YES)

_____

NOTE: Income and Expense information will not be considered valid unless signed and dated by owner or officer of the corporation or an authorized agent as requested below. **IMPORTANT: AGENTS AND PROPERTY MANAGERS MUST ATTACH EXPRESS WRITTEN AUTHORITY FROM OWNER TO SIGN THIS FORM.**

ALL OF THE INFORMATION PROVIDED HERIEN HAS BEEN EXAMINED BY ME AND IS TRUE, CURRENT AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

Name:_____ **Signed**_____
(Please print) **(Signature of Owner or Authorized Agent)**

Title_____ **Company**_____

Telephone Number (_____) _____ Date _____

Type of Project (i.e. High Rise, Garden…) _____

Are any of the following included in the rent?

ELECTRICITY	____Yes	____No
GAS	____Yes	____No
CABLE	____Yes	____No
WATER	____Yes	____No

Are laundry facilities available:

Individual Units	____Yes	____No
Shared Laundry Room	____Yes	____No

Does the Property have a pool? ____Yes ____No

Do staff members, as part of their salary or benefits, occupy any apartment units?

If Yes, please explain: _____

_____

During the accounting period, did you grant rent concessions? NO YES
If yes, please attach a list of concession types and durations of concessions.

INCOME AND EXPENSE INFORMATION

- INCOME -

GROSS POSSIBLE RENTS @ 100% OCCUPANY (for accounting period)

I-01	Rents – Apartments	**$**_____
I-02	Rents – Retail	_____
I-03	Rents – Storage	_____
I-04	Rents – Office	_____
I-05	Rents – Other (identify)	_____
	SUBTOTAL	**$**_____
I-06	Miscellaneous Income (Explain)	_____
		_____
	(DO NOT include interest income from investments)	
	GROSS POSSIBLE INCOME	**$** _____

LESS ACTUAL

I-07	Vacancies	_____
I-08	Rent Loss (explain)	_____
I-09	Rent Concessions (explain)	_____
	EFFECTIVE GROSS INCOME (TOTAL ACTUAL COLLECTIONS)	**$**_____

- EXPENSES -

E-01	Electricity	_____
E-02	Water / Sewer	_____
E-03	HVAC Gas	_____
	Oil	_____
SUBTOTAL – UTILITIES		**$**_____
E-04	Janitorial Payroll	_____
E-05	Cleaning Supplies	_____
E-06	Misc Janitorial	_____
SUBTOTAL - JANITORIAL		**$**_____
E-07	Maint & Repair Payroll	_____
E-08	Maintenance Supplies	_____
E-09	HVAC Repairs	_____
E-10	Electric Repairs	_____
E-11	Plumbing Repairs	_____
E-12	Elevator Rep / Maint	_____
E-13	Exterior Repairs	_____
E-14	Roof Repairs	_____
E-15	Tenant / Public Decorating	_____
E-16	Parking Lot / Garage Repairs	_____
E-17	Miscellaneous Repairs	_____
SUBTOTAL – MAINT & REPAIR		**$**_____
E-18	Administrative Payroll	_____
E-19	Advertising	_____
E-20	Management Fee	_____
E-21	Leasing Commissions	_____
E-22	Legal & Accounting Fees	_____
E-23	Other Admin Costs	_____
E-24	Payroll Taxes	_____
E-25	Employee Benefits	_____
SUBTOTAL – ADMINISTRATIVE		**$**_____
E-26	Landscaping	_____
E-27	Trash Removal	_____
E-28	Security Payroll / Contract	_____
E-29	Snow Removal	_____
E-30	Window Washing	_____
E-31	Exterminating	_____
E-21	Miscellaneous Services	_____
SUBTOTAL – SERVICES		**$**_____
E-33	Property Insurance	_____
E-34	Business Tangible Tax	_____
E-35	Business License	_____
SUBTOTAL INSURANCE & TAX		**$**_____
TOTAL OPERATING COSTS		**$**_____
E-36	Real Estate Taxes	**$**_____
E-36	Capital Improv / Renovations	**$**_____

APARTMENT UNIT MIX:

Please include all units, such as units used for rental office, models or those units occupied by resident staff.

If the property is operating under one of the Federal Housing Subsidy Programs, please attached the subsidized rent schedule and the corresponding specified fair market rent.

Attach additional sheets if necessary.

UNIT MIX	NUMBER OF UNITS	SQ FT OF UNIT	NUMBER OF BATHS	CURRENT RENT RANGE/ MONTHLY From	To
EFFICIENCY	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
1 BEDROOM	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
1 BEDROOM+	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
2 BEDROOM	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
2 BEDROOM+	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
3 BEDROOM	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
3 BEDROOM+	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
4 BEDROOM	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

_____ **TOTAL NUMBER OF UNITS**