

**** CONFIDENTIAL ****
WILLIAMSON COUNTY, TENNESSEE
PROPERTY ASSESSOR'S OFFICE

1320 West Main Street, Suite 300
Franklin, Tennessee 37064
(615) 790-5708

Brad Coleman
Assessor of Property

Williamson County
Tennessee
www.williamsoncounty-tn.gov

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

May 1

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 HEREIN HAS BEEN EXAMINED BY ME AND IS TRUE, CURRENT AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

Name: _____
(Please print)

Signed _____
(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		\$ _____
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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 attach the subsidized rent schedule and the corresponding specified fair market rent.

Attach additional sheets if necessary.