



**CITY OF NEW BEDFORD  
ASSESSING DEPARTMENT**

**REQUEST FOR WRITTEN RETURN UNDER GENERAL LAWS, CHAPTER 59,  
SECTION 61A  
ANNUAL INCOME AND EXPENSE QUESTIONNAIRE**

**INFORMATION SUBMITTED WILL REMAIN CONFIDENTIAL**

GENERAL INFORMATION: As an owner or manager of an income producing property, including but not limited to, commercial, industrial, mixed use or apartment building of four units or more you are well aware that there are, in addition to physical characteristics of a property, certain market, cost and economic factors, which must be considered to ensure an objective, fair and equitable valuation. We would therefore appreciate your providing our office with all applicable information requested below. You may do so by either completing this form or by attaching a copy of your own records, which ever is more convenient. Please return the completed form to the Assessing Department within thirty (30) days after receipt. Failure to submit all requested information within thirty (30) days could cause denial of the abatement application.

MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ CLASS CODE: \_\_\_\_\_ **RES**

LOCATION: \_\_\_\_\_

**SECTION A: ANNUAL INCOME FOR CALENDAR YEAR: \_\_\_\_\_**

Please indicate UNITS and/or SPACES which are owner occupied  
Please indicate vacant UNITS and/or SPACES and numbers of months vacant

<u>TYPE OF APARTMENT</u>	<u>LOC FLOOR #</u>	<u>No. OF UNITS</u>	<u>RENT PER MONTH</u>	<u>ANNUAL INCOME</u>
STUDIO/EFF	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
1 BEDROOM	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
2 BEDROOMS	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
3 BEDROOMS	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
4 BEDROOMS	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____

**RENT INCLUDES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ TOTALS: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

MISCELLANEOUS INCOME: PARKING/GARAGE: # of SPACES \_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
SIGNS/BILLBOARDS # of SIGNS \_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
LAUNDRY, VENDING MACHINES, ETC. \$ \_\_\_\_\_/YEAR

DOCKING FACILITIES LEASABLE LINEAR FT.: \_\_\_\_\_ \$ \_\_\_\_\_/LF \$ \_\_\_\_\_/YEAR  
No. of BOAT SLIPS: \_\_\_\_\_ \$ \_\_\_\_\_/SL \$ \_\_\_\_\_/YEAR

EXPENSES REIMBURSED BY TENANT(Taxes, Utilities, Insurance, etc.)  
PLEASE BE SPECIFIC: \$ \_\_\_\_\_/YEAR  
\_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
\_\_\_\_\_ \$ \_\_\_\_\_/YEAR  
\_\_\_\_\_ \$ \_\_\_\_\_/YEAR

**ACTUAL TOTAL INCOME RECEIVED FROM RENTALS: \$ \_\_\_\_\_**

**SECTION B: ANNUAL OPERATING EXPENSES FOR CALENDAR YEAR: \_\_\_\_\_**

**\*\* (DO NOT INCLUDE REAL ESTATE TAXES OR DEBT SERVICE)\*\***

<u>MANAGEMENT:</u>	Fees & Commissions	\$ _____	
	Legal & Accounting	\$ _____	
	Advertising	\$ _____	\$ _____
<u>UTILITIES</u>	Fuel (Oil/Gas)	\$ _____	
	Electricity	\$ _____	
	Water & Sewer	\$ _____	\$ _____
<u>MAINTENANCE:</u>	Wages & Benefits	\$ _____	
	Material & Supplies	\$ _____	
	Service & Repairs	\$ _____	
	Painting & Decorating	\$ _____	
	Trash & Snow Removal	\$ _____	
	Housekeeping	\$ _____	
	Contract Services	\$ _____	
	Miscellaneous	\$ _____	\$ _____
<u>INSURANCE:</u>	Circle: (1YR) or (3YR)	\$ _____	
	Policy		\$ _____
<u>RESERVES:</u>	Roof Replacement	\$ _____	
(over a 20 year period)	Plumbing & Electrical	\$ _____	\$ _____
<b>TOTAL ANNUAL OPERATING EXPENSES:</b>			\$ _____

**SECTION C: SALES AND MORTGAGE DATA (fill out only if within the last 10 years)**

DATE of PURCHASE: \_\_\_\_\_ PURCHASE PRICE: \$ \_\_\_\_\_

Please indicate the amount if any, of the Purchase Price paid for consideration other than Real Estate.

ITEMS: \_\_\_\_\_ \$ \_\_\_\_\_

MORTGAGE: TERM: \_\_\_\_\_ YRS INTEREST: \_\_\_\_\_% \$ \_\_\_\_\_

**CONSTRUCTION COST DATA (Fill out only if within last 10 years)**

SITE IMPROVEMENT: YEAR: \_\_\_\_\_ AREA: \_\_\_\_\_ \$ \_\_\_\_\_

BUILDING: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

ADDITIONS: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

DEMOLITION: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

PAVING: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

OTHER YARD ITEMS: YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

I hereby certify under penalties of perjury that the information supplied in this requisition is true and accurate.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number