



County of Gloucester
REAL ESTATE ASSESSMENT DEPARTMENT
P.O. Box 329
Gloucester, VA 23061
Telephone: 804-693-1325
FAX: 804-824-2446
Email: assessment@gloucesterva.info
Web page: www.gloucesterva.info/assessment



OFFICIAL REQUEST TITLE 58.1-3294 CODE OF VIRGINIA

Dear Property Owner: This is an official request pursuant to Title 58.1-3294 of the Code of Virginia which requires you to furnish this office with income and expense data for any income producing properties for calendar year 2018.

- PLEASE USE THE ATTACHED COUNTY FORMS.
- SURVEYS MUST BE COMPLETED AND RETURNED TO THE DEPARTMENT OF REAL ESTATE ASSESSMENT NO LATER THAN **SEPTEMBER 1, 2018**.

This survey is part of an ongoing effort to obtain current information on the income and expense characteristics of income producing properties, and is necessary to complete our statutory duty of assessing all property at fair market value. Your assistance is necessary to help ensure that our assessments are fair and accurate. It is also your opportunity to tell us if there are any other conditions we should consider in assessing your property.

If this is an owner-occupied property, please complete as much of the survey as possible, in particular the expense data. If any portion of this property is leased or rented to anyone, please complete the survey and return it with all available information. Please contact us if you have any questions or need assistance completing this survey.

PLEASE BE ASSURED THAT THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL, SUBJECT TO CRIMINAL PENALTIES, IN ACCORDANCE WITH TITLE 58.1-3 OF THE CODE OF VIRGINIA.

If the Department of Real Estate Assessment does not receive the requested information by **SEPTEMBER 1, 2018**, the Department will exercise the powers provided within the code as deemed necessary.

Your cooperation with this legal requirement is sincerely appreciated.

Respectfully yours,

Derek J. Green, AAS
Gloucester County
Assessor

2018 ANNUAL INCOME AND EXPENSE REPORT WORKSHEET (Title 58.1-3294 Code of Virginia)

Owner Name _____	Business Name _____
Mailing Address _____ (if different from front) _____	Property Location _____
City, State, Zip _____	Tax Map Number _____
	RPC Number (REQUIRED) _____

1 **Primary Property Use** (Check One)

<input type="checkbox"/> Apartment	<input type="checkbox"/> Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Mixed Use	<input type="checkbox"/> Shopping Ctr.	<input type="checkbox"/> Industrial	<input type="checkbox"/> Hotel/Motel/Inn
<input type="checkbox"/> Single Net	<input type="checkbox"/> Double Net	<input type="checkbox"/> Triple Net	<input type="checkbox"/> Gross (Full)	<input type="checkbox"/> Bond	<input type="checkbox"/> Percentage	<input type="checkbox"/> Other _____

1 **Lease Type** (Check One)

2 Gross Building Area

(Including Owner-Occupied Space)

3 Net Leasable Area

4 Owner-Occupied Area

5 Number Of Units

6 Vacancy Percentage

Sq. Ft.

Sq. Ft.

Sq. Ft.

7 Number of Parking Spaces

8 Actual Year Built

9 Year Remodeled

10 Parking Area Sq. Ft.

INCOME

9 Apartment Rentals (From Schedule A)

10 Office Rentals (From Schedule B)

11 Retail Rentals (From Schedule B)

12 Mixed Rentals (From Schedule B)

13 Shopping Center Rentals (From Schedule B)

14 Industrial Rentals (From Schedule B)

15 Other Rentals (From Schedule B)

16 Parking Rentals

17 Other Property Income (Please Specify)

18 **TOTAL POTENTIAL INCOME**

(Add Line 9 Through Line 17)

19 Loss Due to Vacancy and Credit

20 **EFFECTIVE ANNUAL INCOME**

(Line 18 Minus Line 19)

99 SIGNATURE

EXPENSES

21 Heating/Air Conditioning

22 Electricity

23 Water and Sewer

24 Other Utilities (Please Specify)

25 Maintenance Supplies

26 HVAC Repair

27 Electric/Plumbing Repair

28 Elevator Maintenance

29 Roof Repair

30 Common Area Repair

31 Decorating

32 Other Repairs/Maintenance (Please Specify)

33 Management Fees

34 Other Administrative (Please Specify)

35 Services (Landscape/Security/Cleaning)

36 Insurance

37 Other Fees (Please Specify)

38 **TOTAL EXPENSES** (Add Lines 21 Through 37)

39 **NET OPERATING INCOME** (Line 20 Minus Line 38)

40 Capital Expenses

41 Real Estate Taxes

42 Mortgage Payment (Principal and Interest)

Derek J. Green, AAS
Assessor, Gloucester County
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CONFIDENTIAL

RETURN TO THE ASSESSOR ON OR BEFORE SEPTEMBER 1, 2018

SCHEDULE A - 2018 APARTMENT RENT SCHEDULE

Complete this Section for Apartment Rental activity only.

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE	MONTHLY RENT		TYPICAL
	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	PER UNIT	TOTAL	LEASE TERM
EFFICIENCY								
1 BEDROOM								
2 BEDROOM								
3 BEDROOM								
4 BEDROOM								
OTHER RENTABLE UNITS								
OWNER/MANAGER/JANITOR OCCUPIED								
SUBTOTAL								
GARAGE/PARKING								
OTHER INCOME (SPECIFY)								
TOTALS								

BUILDING FEATURES INCLUDED IN RENT

(Please Check All That Apply)

- | | |
|--|---|
| <input type="checkbox"/> Heat | <input type="checkbox"/> Furnished Unit |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Security |
| <input type="checkbox"/> Other Utilities | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Stove/Refrigerator | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Dishwasher | |
| <input type="checkbox"/> Garbage Disposal | |
| <input type="checkbox"/> Other Specify _____ | |



SCHEDULE B - 2018 LESSEE SCHEDULE

Complete this Section for all other rental activities except apartment rental.

NAME OF TENANT	LOCATION OF SPACE	LEASE TERM			ANNUAL RENT				PARKING		INTERIOR FINISH		
		START	END	SQ.FT	BASE	ESC/CAM OVERAGE	TOTAL	TOTAL PER SQ. FT.	NO. OF SPACES	ANNUAL RENT	OWNER	TENANT	COST
TOTALS													

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

VERIFICATION OF PURCHASE PRICE

If Purchased in the Last 3 Years

PURCHASE PRICE \$ _____ DOWN PAYMENT \$ _____ DATE OF PURCHASE _____
 DATE OF LAST APPRAISAL _____ APPRAISAL FIRM _____ APPRAISED VALUE _____

		(Check One)								
		<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <th style="width: 50%;">FIXED</th> <th style="width: 50%;">VARIABLE</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	FIXED	VARIABLE						
FIXED	VARIABLE									
FIRST MORTGAGE \$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS								
SECOND MORTGAGE \$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS								
OTHER \$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS								
CHATTEL MORTGAGE \$ _____	INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS								

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: FURNITURE? \$ _____ (Value) EQUIPMENT? _____ (Value) OTHER (Specify) \$ _____ (Value)

HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE? (Check One) YES NO

IF YES, LIST THE ASKING PRICE \$ _____ DATE LISTED _____ BROKER _____

Remarks - Please explain any special circumstances or reasons concerning your purchase (I.e., vacancy, conditions of sale, etc.) _____

I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE FOREGOING INFORMATION, ACCORDING TO THE BEST OF MY KNOWLEDGE, REMEMBRANCE AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL THE INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY.

SIGNATURE _____ NAME (Print) _____ DATE _____
 TITLE _____ TELEPHONE _____

RETURN TO THE ASSESSOR ON OR BEFORE SEPTEMBER 1, 2018