

**HOTEL AND MOTEL INCOME AND EXPENSE SURVEY**  
**For the 2009 Calendar Year**  
**City of Falls Church**



**Return to: City of Falls Church**  
**Real Estate Assessor's Office, 104-W**  
**300 Park Avenue**  
**Falls Church, Virginia 22046-3301**

Voice: (703) 248-5107 Fax: (703) 248-5184  
 Email Address: real-estate@fallschurchva.gov  
 On the internet: www.fallschurchva.gov

The Income and Expense information must be placed on this form. No alternative forms may be used. A detailed set of instructions is part of this survey. These instructions are provided to assist you in completing the form. If you should have any questions or need assistance, please contact our office.

<b>Debt Service Information (within last 5 years)</b>						
A	Loan Amount	Loan Date	Term	Interest Rate %	Payment (P & I)	Payment Frequency (Mo. or Yr.)
Has there been a professional appraisal on this real property in the last five years? [ ] Yes [ ] No						
<b>Certification</b> OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA State Law requires certification by the owner or officially authorized representative.						
<i>Please print or type all information except signature.</i>						
B	1. Name of management company _____					
	2. Address _____					
	3. Contact Person _____ Phone _____					
	4. E-Mail address _____					
	All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.					
	5. Signature (required) _____ Date _____					
	6. Print name _____					
7. Title _____						

**For Office Use Only - - Do Not Write Below this Line**

	Survey Entered	Survey Verified	Survey Stabilized	Rents Entered	NBHD #	Received Date Entered	Owner Occupied
DATE							
INITIAL						Check above box if yes	Check above box if yes

**CONFIDENTIAL**

**General Property, Management, Rate, and Occupancy Information**

**General Property Information**

- 1. Total number of rooms? \_\_\_\_\_ (Singles \_\_\_\_\_ Doubles \_\_\_\_\_ Suites \_\_\_\_\_)
- 2. Is there a restaurant facility? Yes  No  Seating Capacity \_\_\_\_\_
- 3. Conference meeting area: Number of rooms \_\_\_\_\_ Area \_\_\_\_\_ Sq. Ft. \_\_\_\_\_
- 4. Amenities (pools, exercise facilities, etc.) \_\_\_\_\_

**Ownership and Management Information**

- 5. Is the property owned by a national hotel chain? Yes  No   
If yes, is the property operated and managed by this company? Yes  No
- 6. Is the property currently operated under a franchise agreement with a hotel chain? Yes  No   
If yes, how is the fee structured? (i.e., Flat dollar amount of % of revenue, NOI, etc.)  
Initial Fees: \_\_\_\_\_  
Advertising Fees: \_\_\_\_\_  
Royalty Fees: \_\_\_\_\_  
Reservation Fees: \_\_\_\_\_
- 7. Is the property operated under a management contract (other than owner)? Yes  No   
If yes, does the contract provide for the use of a recognized chain, affiliated trade name and reservation system?  
Yes  No   
How are the management fees calculated? (i.e., % of total revenues, room revenues, net operating income, etc.)  
\_\_\_\_\_

**Occupancy and Rate Information**

- 8. Total number of rooms sold over the previous 12 months (same period as reported in Section D) \_\_\_\_\_
- 9. What was the average occupancy over the previous 12 months? \_\_\_\_\_%
- 10. Total room nights available (Total number of rooms x 365) \_\_\_\_\_ nights
- 11. What was the Average Daily Room rate (ADR) over the previous 12 month period? (Total gross room revenue divided by total number of rooms sold.) \_\_\_\_\_

**Annual Income**

Income for Period	_____	2009	to	_____	2009
	mo day	yr		mo day	yr
Actual Room Rental Income Received	_____				
Sales of Food/Sundry Services	_____				
Sales of Beverages/Sundries	_____				
Telephone Income	_____				
Lease Income	_____				
Other Income (specify) _____	_____				
<b>Total Actual Income (sum of lines above)</b>	_____				

**Capital Improvements, Renovations**

Have there been Capital Improvements or Capital Renovations to the property during this reporting period:  
If the property was completed in 2009, see instructions.  
Yes  No  If yes, please provide total cost here and attach a detailed list on separate page.  
Total capital cost \_\_\_\_\_  
New construction – Submit most recent AIA documents G702 and G703 and associated soft costs.

**Department Costs**

Rooms \_\_\_\_\_  
Food & Beverages \_\_\_\_\_

	Telephone _____	
	Other (specify) _____	
	<b>Total Department Costs (Sum of lines above)</b>	_____
<b>G</b>	<b>Operating Expenses</b>	
	1. <u>Utilities</u>	
	Water and Sewer	_____
	Electricity	_____
	Other Utilities (specify) _____	_____
	2. <u>Management and Administrative</u>	
	Management Fees	_____
	Incentive Management Fees	_____
	Franchise Fees	_____
	Advertising	_____
	Other Administrative/Payroll (specify) _____	_____
	3. <u>Maintenance and Repair</u>	
	Maintenance Payroll/Supplies	_____
	HVAC Repairs	_____
	Electric/Plumbing Repairs	_____
	Elevator Repairs	_____
	Roof Repairs	_____
	Pool/Recreational	_____
	Common Area/Exterior Repairs	_____
	Decorating (i.e. painting, carpet, etc.)	_____
	Other Repairs/Maintenance (specify) _____	_____
	4. <u>Services</u>	
	Janitorial/Cleaning (Payroll/Contract)	_____
	Landscaping (grounds maintenance)	_____
	Trash	_____
	Security	_____
	Snow Removal	_____
	Other Services (specify) _____	_____
5. <u>Insurance and Taxes</u>		
Fire, Casualty Insurance (one year)	_____	
Other Taxes, Fees:		
Personal Property	_____	
Business License	_____	
Other (specify) _____	_____	
6. <u>Total Operating Expenses Without Reserves</u>	_____	
Reserves for Replacement	_____	
7. <u>Total Operating Expenses Including Reserves</u>	_____	
<b>H</b>	<b>NET OPERATING INCOME</b>	_____
	Section D (Total Actual Income) less Section F (Total Departmental Costs) less Section G (Total Operating Expenses Including Reserves).	
<b>I</b>	<b>Real Estate Taxes</b>	_____