

**OFFICE/RETAIL INCOME AND EXPENSE SURVEY
FOR THE 2010 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.

Debt Service Information (within last 5 years)						
A	Loan Amount	Loan Date	Term	Interest Rate %	Payment (P & I)	Payment Frequency (Mo. or Yr.)
	1.					
	2.					
Has there been a professional appraisal on this real property in the last five years? [] Yes [] No						

Certification		OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA State law requires certification by the owner or officially authorized representative.
B	<i>Please print or type all information except signature.</i>	
	1.	Name of management company _____
	2.	Address _____
	3.	Contact Person _____ Phone _____
	4.	Email 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

C	Vacancy Information	
	1. Space vacant January 1 (2011) _____	Sq. Ft. Rentable
	2. Space vacant January 1 (2010) _____	Sq. Ft. Rentable
	3. Income loss from vacancy (reporting period) _____	
	4. Income loss from bad debts (reporting period) _____	
	5. Current market rent per sq. ft. for vacant space _____	

D	Annual Income		
	Income for Period _____	_____ <u>2010</u> to _____ <u>2010</u>	
	mo	day	yr
	Primary Rental Income	_____	
	Sales of Utilities	_____	
	Rent Overage / % Rent	_____	
	Common Area Maintenance Reimbursement	_____	
	Interest Income	_____	
	Insurance Reimbursement	_____	
	Operating Expense Reimbursement	_____	
	Real Estate Tax Reimbursement	_____	
	Parking Income	_____	
	Antenna / Telecommunication Income	_____	
Other Rental Income (specify) _____	_____		
Miscellaneous Income (specify) _____	_____		
Total Actual Income	_____		

E	Capital Improvements, Renovations, Leasing Commissions, Tenant Improvements
	Have there been Capital Improvements or Capital Renovations to the property during this <u>reporting period</u> : Yes _____ No _____. If yes, please provide total cost here and attach a detailed list on separate page.
	Total Capital Cost _____
	Does the property currently have any deferred maintenance? If yes, please provide the total cost to cure and provide an itemized list of the individual items along with cost estimates.
	Total Deferred Maintenance _____
What were the total <u>Leasing Commissions</u> paid during this reporting period? _____	
What were the total <u>Tenant Improvement Costs</u> paid during this reporting period? _____	
<u>New Construction</u> – Submit most recent AIA documents G702 and G703 with all associated soft costs.	

F	Annual Operating Expenses	
	1. <u>Utilities</u>	
	Water and Sewer	_____
	Electricity	_____
	Other Utilities	_____
	2. <u>Maintenance and Repair</u>	
	Maintenance Payroll/Supplies	_____
	HVAC Repairs	_____
	Electric/Plumbing Repairs	_____
	Elevator Repairs	_____
	Roof Repairs	_____
	Common Area / Exterior Repairs	_____
	Decorating (carpet, paint, etc.)	_____
	Other Repairs / Maintenance (specify) _____	_____
	3. <u>Management and Administrative</u>	
	Management Fees	_____
	Other Administrative/Payroll	_____
	4. <u>Services</u>	
	Janitorial/Cleaning	_____
	Landscape (grounds maintenance)	_____
Trash	_____	
Security	_____	
Window Cleaning	_____	
Snow Removal	_____	
Other Services (specify) _____	_____	
5. <u>Insurance and Taxes</u>		
Insurance (one year)	_____	
Other Taxes, Fees, HOA: (Do not include Real Estate Taxes)	_____	
Total Operating Expenses	_____	
G	NET OPERATING INCOME	
	Total Actual Income less Total Expenses before Real Estate Taxes	_____
H	REAL ESTATE TAXES	
