

HOTEL AND MOTEL INCOME AND EXPENSE SURVEY
For the 2014 Calendar Year
City of Falls Church

RPC #

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.)
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.						
<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	_____	_____	2014	to	_____	_____	2014
	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) _____	_____						
Total Actual Income (sum of lines above)	_____						

Capital Improvements, Renovations

Have there been Capital Improvements or Capital Renovations to the property during this reporting period:
If the property was completed in 2014, 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) _____	
	Total Department Costs (Sum of lines above)	_____
G	Operating Expenses	
	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>	_____	
H	NET OPERATING INCOME	_____
	Section D (Total Actual Income) less Section F (Total Departmental Costs) less Section G (Total Operating Expenses Including Reserves).	
I	Real Estate Taxes	_____