2023 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name			
Mailing Address (if different from front)	Property Name	Name	
City/State/Zip			
1 Primary Property Use (Check One)	■Apartment ■Office ■Retail	Mixed Use Shopping Ctr. Industrial	Other
2 Gross Building Area			
(Including Owner-Occupied Space)	Sq. Ft.	6 Number of Parking Spaces	
3 Net Leasable Area	Sq. Ft	7 Actual Year Built	
4 Owner-Occupied Area	Sq. Ft.	8 Year Remodeled	
5 Number Of Units			
INCOME		EXPENSES	
9 Apartment Rentals (From Schedule A)		21 Heating/Air Conditioning	
10 Office Rentals (From Schedule B)	5	22 Electricity	19 19 19 19 19 19 19 19 19 19 19 19 19 1
11 Retail Rentals (From Schedule B)		23 Other Utilities	
12 Mixed Rentals (From Schedule B)		24 Payroll (Except management)	
13 Shopping Center Rentals (From Schedule B)		25 Supplies	
14 Industrial Rentals (From Schedule B)		26 Management	
15 Other Rentals (From Schedule B)		27 Insurance	
16 Parking Rentals		28 Common Area Maintenance	
17 Other Property Income		29 Leasing Fees / Commissions / Advertising	
18 TOTAL POTENTIAL INCOME		30 Legal and Accounting	
(Add Line 9 Through Line 17)	AATT 1	31 Elevator Maintenance	
19 Loss Due to Vacancy and Credit		32 Tenant Improvements	
20 EFFECTIVE ANNUAL INCOME		33 General Repairs	
(Line 18 Minus Line 19)	· ·	34 Other (Specify)	
		35 Other (Specify)	
		36 Other (Specify)	
		37 Security	
		38 TOTAL EXPENSES (Add Lines 21 Through 37)	
		39 NET OPERATING INCOME (Line 20 Minus Line 38)	18)
		40 Capital Expenses	
		41 Real Estate Taxes	

42 Mortgage Payment (Principal and Interest)

SCHEDULE A - 2023 APARTMENT RENT SCHEDULE

Complete this Section for Apartment Rental activity only.

									· ·
									OTHER INCOME (SPECIFY)
1									GARAGE/PARKING
						-			SUBTOTAL
									OWNER/MANAGER/JANITOR OCCUPIED
<u> </u>	-								OTHER RENTABLE UNITS
<u> </u>									4 BEDROOM
 J			-			٠			BEDROOM
									2 BEDROOM
Ι.				E.					1 BEDROOM
									EFFICIENCY
	LEASE TERM	TOTAL	SQ. FT. PER UNIT		BATHS	RENTED ROOMS		TOTAL	UNIT TYPE
	TYPICAL	Y RENT	MONTHLY RENT	IJNIT SIZE	ROOM COLINT	MOOM	NO OF LINITS	N O	

SCHEDULE B - 2023 LESSEE SCHEDULE

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

TOTALS	i diam'r		d dy.				-				NAME OF TENANT
				·							OF SPACE
* - %										START	_
										GNB	LEASE TERM
									٠	SQ.FT	M
										BASE	
									OVERAGE	ESC/CAM	
										TOTAL	ANNUAL RENT
									SQ. FT.	TOTAL PER	
			c						SPACES	NO. OF	- 11
		e.							RENT	ANNUAL	PARKING
						ě				OWNER	
				-			:			TENANT	INTERIOR FINISH
										COST	1

COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED

	E	DATE	NAME (Print)		SIGNATURE TITLE
	NG TO THE ME AND s).	INFORMATION, ACCORDING EMENT OF ALL THE INCOME Connecticut General Statutes).		I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE FOREGOING BEST OF MY KNOWLEDGE, REMEMBRANCE AND BELIEF, IS A COMPLETE AND TRUE STAT EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY (Section 12-63c(d) of the	I DO HEREBY DECLARE U BEST OF MY KNOWLEDG EXPENSES ATTRIBUTABI
	,				
		nditions of sale, etc.)	Remarks - Please explain any special circumstances or reasons concerning your purchase (l.e., vacancy, conditions of sale, etc.)	y special circumstances or reasons cond	Remarks - Please explain any
		BROKER	DATE LISTED	69	IF YES, LIST THE ASKING PRICE
4			(Check One) YES NO	HAS THE PROPERTY BEEN LISTED FOR SALE SINCE YOUR PURCHASE?	HAS THE PROPERTY BEEN LISTE
\$ (Value)	OTHER (Specify)	? (Value)	E? \$ EQUIPMENT?	UDE A PAYMENT FOR: FURNITURE? \$	DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR:
	YEARS	PAYMENT SCHEDULE TERM PAYMENT SCHEDULE TERM	INTEREST RATE% INTEREST RATE%	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	OTHER CHATTEL MORTGAGE
	YEARS YEARS	PAYMENT SCHEDULE TERM PAYMENT SCHEDULE TERM	INTEREST RATE% INTEREST RATE%	ся ся	FIRST MORTGAGE SECOND MORTGAGE
(Check One) FIXED VARIABLE	VALUE	APPRAISED VALUE	APPRAISAL FIRM		DATE OF LAST APPRAISAL
	DATE OF PURCHASE	DATE OF F	DOWN PAYMENT \$	69	PURCHASE PRICE
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