ANNUAL STATEMENT OF INCOME & EXPENSES

(Request made pursuant to N.J.S.A. 54:4-34)

CHECK THIS BOX IF THE PROPERTY IS "OWNER OCCUPIED"
CHECK THIS BOX IF THE PROPERTY IS "NON-INCOME PRODUCING"
PART 1 – PROPERTY IDENTIFICATION
Block:
Lot:
Qualifier:
Property Class:
Property Address:
Property Name:
PART 2 – OWNER INFORMATION
Owner Name:
Owner Phone Number:
Owner Email Address:
PART 3 – PROPERTY INFORMATION
Pre-dominate Use of Building:
Total Net Leasable Square Footage:
Number of Elevators in Building:(if none, use 0)
Total Number of Rental Units:(include vacant units)
Annual Vacancy Percentage:
Comments:

FOR PARTS 4, 5, & 6 – PLEASE FILL OUT ONE PER TENANT

(where applicable)

Please check the follow	wing lease type that applies t	to the tenant below:	
ross Lease Modified Gross		Triple Net	
PART 4 – LEASE INFORM	IATION		
Tenant:			
Use:	etc.)		
Lease Dates:			
Escalations in Lease:			
Percentage Rents:			
Overage Rents:			
Other Income:			
Lease Options:			
Floors Occupied: 1 st (check all applicable)	2 nd 3 rd 4 th	Basement	
Areas Leased: 1 st (square footage per floor)	2 nd 3 rd 4 th	Basement	
Lease/Rent Amount: \$(check applicable)	per: month year	sq ft	
Free Rent:			
Comments:			

PART 5-

<u>EXPENSES</u>	&	REIMBURSEMENTS (if any)		
Taxes: \$		(ii diiy)		
Electric: \$				
Heat/Air Conditioning: \$				
Sewer: \$				
Water: \$				
Insurance: \$				
Garbage: \$				
Janitorial: \$				
Exterior: \$				
Interior: \$				
Site: \$				
Other: \$				
Comments:				
PART 6 – EXPENSES – Taxes & Operati	ng Expenses			
<u>TAXES</u>				
Base Year:				
Base Tax Dollars: \$				
Current Tax Dollars: \$				
Tenants Percentage:				
OPERATING EXPENSES - calculated on b	ase year			
Base Year:				
Base Operating Expenses: \$				
Current Operating Expenses: \$				
Tenants Percentage:				