

City of Long Beach Assessment Department

Schedule of Income and Expenses – Due September 1

(AS REQUIRED BY LOCAL LAW NO 11 OF 2002)

(AS AMENDED IN 2005)

PART 1. PROPERTY IDENTIFICATION AND OWNERSHIP							
SEC _____ BLOCK _____ LOT 1 _____ LOT 2 _____ PARCEL ADDRESS _____							
OWNER NAME _____ MAILING ADDRESS _____							
CITY _____ STATE _____ ZIP _____							
IS THIS A CONSOLIDATED STATEMENT COVERING TWO OR MORE CONTIGUOUS LOTS? YES <input type="checkbox"/> IF YES COMPLETE PART 8 NO <input type="checkbox"/> IS THIS PARCEL A: <input type="checkbox"/> RENTAL APARTMENT BUILDING <input type="checkbox"/> RESIDENTIAL COOPERATIVE BUILDING <input type="checkbox"/> RESIDENTIAL CONDOMINIUM DEVELOPMENT							
PART 2. MANAGEMENT & OPERATION							
ACCOUNTING BASIS <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <small>FROM TO</small> ACCOUNTING PERIOD _____ / _____ / _____				NAME OF MANAGING AGENT _____ ADDRESS OF MANAGING AGENT _____ ADDRESS LINE 2 _____ CITY, STATE ZIP _____ PERSON TO CONTACT _____ PHONE NUMBER _____			
TOTAL ESTIMATED LAND AREA _____				IS THIS SUBJECT TO THE EMERGENCY TENANTS PROTECTION ACT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE ENTER THE NUMBER OF ETPA UNITS _____			
TOTAL ESTIMATED BUILDING AREA _____							
IS BUILDING 100% OWNER OCCUPIED _____							
PART 3. INCOME INFORMATION							
RENTAL FROM TENANTS	TOTAL UNITS	NUMBER OF:				RENTAL AREA	ANNUAL GROSS RENTAL AMOUNT
A. APARTMENTS		STD.	1BR	2BR	3BR		A \$ _____
B. OFFICES							B \$ _____
C. RETAIL							C \$ _____
D. GARAGE/PARKING (cars)							D \$ _____
E. WAREHOUSE/LOFT							E \$ _____
F. INDUSTRIAL							F \$ _____
G. OTHER RENT (specify)							G \$ _____
H. SUB TOTALS (ADD LINES A-G)							H \$ _____
I. OWNER OCCUPIED OR OWNER RELATED SPACE							I \$ _____
J. ESCALATION INCOME							J \$ _____
K. REAL ESTATE TAX ESCALATION							K \$ _____
L. SALE OF UTILITIES AND SERVICES							L \$ _____
M. SERVICES (LAUNDRY, VALET, VENDING, ETC.)							M \$ _____
N. GOVERNMENTAL RENT SUBSIDIES (SECTION 8 ETC.)							N \$ _____
O. OTHER OPERATING INCOME (specify)							O \$ _____
P. GROSS ANNUAL INCOME (ADD LINES H-O)							P. \$ _____
PART 4. EXPENSE INFORMATION							
A. FUEL						A. \$ _____	
B. LIGHT & POWER						B. \$ _____	
C. CLEANING CONTRACTS						C. \$ _____	
D. WAGES & PAYROLL COSTS						D. \$ _____	
E. REPAIRS & MAINTENANCE (RESERVES FOR REPLACEMENTS NOT INCLUDED)						E. \$ _____	
F. MANAGEMENT & ADMINISTRATION						F. \$ _____	
G. INSURANCE (annual)						G. \$ _____	
H. WATER & SEWER						H. \$ _____	
I. ADVERTISING						I. \$ _____	
J. INTERIOR PAINTING & DECORATING						J. \$ _____	
K. LEASING COMMISSIONS (AMORTIZED)						K. \$ _____	
L. MISCELLANEOUS EXPENSES (MUST BE SPECIFIED IN PART 7)						L. \$ _____	
M. OPERATING EXPENSES BEFORE R.E. TAXES (ADD LINE A-L)						M. \$ _____	
N. REAL ESTATE TAXES						N. \$ _____	
O. TOTAL OPERATING EXPENSES (ADD LINES M-N)						O. \$ _____	
PART 5. NET OPERATING INCOME							
A. NET INCOME BEFORE REAL ESTATE TAXES						A. \$ _____	
B. NET INCOME AFTER REAL ESTATE TAXES						B. \$ _____	

ADDITIONAL INFORMATION REQUIRED. PLEASE SEE OTHER SIDE

PART 6. ADDITIONAL INFORMATION REQUIRED

A Electricity is furnished tenants, the cost of which is set forth in Item B of Part 4. YES NO
 If answer is yes, check 1, 2 or 3

1. The electricity is furnished free of charge.
2. Charges for electricity are included in rental set forth in items A-G of Part 3
3. Charges for electricity are made to tenants and are set forth in item L of Part 3

B Land or ground rent or building is paid YES NO
 If answer is yes, fill in blanks

1. Land or ground rent \$ _____
2. Building rent \$ _____

PART 7. DETAIL OF MISCELLANEOUS EXPENSES

DO NOT INCLUDE DEPRECIATION OR MORTGAGE AMORTIZATION OR INTEREST

ITEM	AMOUNT
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
TOTAL (ENTER IN PART 4 LINE L)	\$ _____

PART 8. DETAIL OF CONSOLIDATED STATEMENT

FILL OUT THIS PART IF THIS IS A CONSOLIDATED SCHEDULE FOR CONTIGUOUS LOTS (Page 1, Part 1)
 HOW MANY LOTS ARE COVERED IN THIS SCHEDULE? _____ (LIST BELOW)

BLOCK	LOT	BLOCK	LOT	BLOCK	LOT	BLOCK	LOT
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

PART 9. AUTHORITY AND SIGNATORY

This form must be signed by the owner of the property of his/her authorized agent. An attorney/agent must attach a notarized original power of attorney or a photocopy. If this is not signed by a person holding one of the titles listed below, the filing will be null and void.

Place an "x" in the appropriate box.

I am:

- A. the owner
- B. a general partner of the partnership that owns this property
- C. a corporate officer of the corporation that owns this property specify position: _____
- D. the attorney/agent for the owner, partnership or corporation (A notarized power of attorney must be attached)
- E. trustee or receiver
- F. executor/executrix/administrator/administratrix of the decedent's estate
- G. official of a government agency holding title to the above-referenced property specify position: _____
- H. mortgage (bank) in possession of foreclosed property
- I. lessee of the property

I certify that all the information in this statement is true and correct to the best of my knowledge and belief. I understand that willful making of any false statements of material facts herein will subject me to the provisions of law relevant to the making and filing of false instruments and will render this statement null and void.

Print Name _____

SIGNATURE _____ DATE _____ Phone Number _____

Please mail form(s) to:

**City of Long Beach
 Department of Assessment
 1 W Chester St.
 Long Beach NY, 11561**

Any questions, please call (516) 431-1009.