



PROPERTY ADDRESS: _____

1. Is the property owner occupied or leased or combination? (check one or both)

Owner occupied? _____ % Page 1 & 2 Required

Leased to tenants? _____ % Page 1, 2 & 3 Required

2. Have there been any appraisals or written estimates of value on this property within the past three (3) years?

Yes _____ No _____

If yes: What was the value estimate? _____

What was the date of the appraisal? _____

Please provide a copy of the appraisal with this return.

3. Is the property currently listed for sale or has it been listed during the past 3 years?

Yes _____ No _____

List Price: _____

Date Listed: _____

Listing Realtor: _____ MLS#: _____

4. What is the average vacancy (%) for the period July 1st to June 30th of the past year?

5. Are you aware of **any structural or mechanical problems** with the building? Please explain and provide details as well as photos.

6. Are there **any factors that may affect the value of this property** that you are aware of? (I.e.: environmental, deferred maintenance (please explain))

7. What is your opinion of value for this property (land and buildings)? \$ _____

8. What is the estimated value for Insurance Coverage (Building)? \$ _____

9. Additional Comments you would like the assessor to consider:

10. Has **COVID-19** Impacted your property? _____ Please Explain: _____

PROPERTY ADDRESS: _____

Actual Annual Expenses (Please do not include mortgage/financing debt service, depreciation allowances or capital improvements)

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Operating		Paid by Tenant (Y/N)
Heating	\$ _____	_____
Electricity	\$ _____	_____
Water and Sewer	\$ _____	_____
Garbage	\$ _____	_____
Janitor	\$ _____	_____
Other (please specify)		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
Total Operating Expenses	\$ _____	
Repair and Maintenance		
Building – Exterior	\$ _____	_____
Building – Interior	\$ _____	_____
Grounds – Site Maintenance	\$ _____	_____
Elevator	\$ _____	_____
Other (please specify)		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
Total Repair and Maintenance Expenses	\$ _____	
Administration		
Management	\$ _____	_____
Wages and Salaries (caretaker etc.)	\$ _____	_____
Annual Insurance	\$ _____	_____
Supplies	\$ _____	_____
Legal and Audit	\$ _____	_____
Advertising	\$ _____	_____
Office/Telephone	\$ _____	_____
Property Taxes	\$ _____	_____
Other (please specify)		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
Total Administration	\$ _____	
TOTAL ACTUAL EXPENSES	\$ _____	

What are your expenses as a percent of:

Gross Property Revenue? _____%

Net Property Revenue? _____%

Additional Expenses due to COVID-19?



POWERS & ASSOCIATES
 Valuation • Assessment • Advisory

PROPERTY ADDRESS: _____

Confidential Rental Schedule - (Not required for 100% owner occupied property)

Unit #	Tenant	Type of finish Office/ Retail/ Warehouse	Floor ie: bsmt, main or upper	Square Feet	Annual Rent per Square Foot (\$)	Commence Month/Year	Expire Month/Year	Monthly Base Rent	Triple Net or Gross See Below	Common area Costs	Other Rent Costs	Other Rent Description	Rent Concession	Concession Type	Tenant Improvement Allowance	Total Annual Rent

*Triple net or net lease rates are exclusive of all operating costs (tenant pays their own power, water, sewer, heat, etc...)
 *Gross lease rates are inclusive of all costs to tenant (no additional operating costs to tenant)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE

Prepared By (Please Print) _____ Title: _____
 Telephone () _____ Fax () _____