



2021 CITY OF PORTLAND REVALUATION PROJECT COMMERCIAL INCOME & EXPENSE DATA WORKSHEET



Annual Income and Expense Statement for Years 2019 and 2020

PROPERTY ADDRESS: _____

PROPERTY USE (check all that apply): Apartment Office Retail Warehouse Shopping Center Industrial Other _____

CHECK HERE IF ANY PART OF THIS PROPERTY IS OWNER OCCUPIED: Business Name or DBA: _____

- | | | | | |
|--|-------|---------|--------------------------------|-------|
| 1. Total gross building area
(Including owner-occupied space) | _____ | Sq. Ft. | 5. Number of parking spaces | _____ |
| 2. Owner-occupied area, if any | _____ | Sq. Ft. | 6. Actual Year Built, if known | _____ |
| 3. Total Vacant Leasable Area, if any | _____ | Sq. Ft. | 7. Year Remodeled | _____ |
| 4. Net Leasable area | _____ | Sq. Ft. | | |
| 5. Number of rental units, including owner-occupied | _____ | | | |

ACTUAL GROSS INCOME	2019	2020	LESS ACTUAL EXPENSES	2019	2020
9. Apartment Rents (From Schedule A)	\$	\$	21. Heating fuel costs Type: _____		
10. Office Rents (From Schedule B)	\$	\$	22. Electricity		
11. Retail Rents (From Schedule B)	\$	\$	23. Water and sewer		
12. Mixed Rents (From Schedule B)	\$	\$	24. Trash Removal		
13. Shopping Center Rents (From Schedule B)	\$	\$	25. Payroll (not including management)		
14. Industrial Rents (From Schedule B)	\$	\$	26. Supplies		
15. Other Rents (From Schedule B)	\$	\$	27. Management		
16. Parking Rents	\$	\$	28. Insurance		
17. Other Misc. Income (e.g. CAM, INS or TAX Reimbursement)	\$	\$	29. Common Area Maintenance		
18. TOTAL ACTUAL GROSS INCOME =	\$	\$	30. Leasing Fees/Commissions/Advertising		
19a. Less losses from vacancy and collection loss -	\$	\$	31. Legal and Accounting		
20. EFFECTIVE GROSS ANNUAL INCOME =	\$	\$	32. Elevator maintenance		
			33. Tenant improvements		
			34. General repairs		
			35. Other (specify) _____		
			36. Other (specify) _____		
			37. Other (specify) _____		
			38. Reserves for Replacement		
			39. Security		
			40. TOTAL ACTUAL EXPENSES =		
			41. NET OPERATING INCOME		
			(Line 20 – Line 40)		

19b. Vacancy Description (office, retail, etc.)

Location	S.F. Vacant	% of Floor	Type of Rental Space
Basement			
1 st Floor			
2 nd Floor			
3 rd Floor			
4 th Floor			
5 th Floor			
6 th Floor			
7 th Floor			
8 th Floor and Higher			

DO NOT INCLUDE TAXES, DEPRECIATION OR MORTGAGE PAYMENTS AS AN EXPENSE!

PROPERTY ADDRESS: _____

SCHEDULE A - APARTMENT RENT SCHEDULE

Unit Type	No. Of Units				Unit Size Sq. Ft.	Monthly Rent		Typical Lease Term
	Total	Rented	Rooms	Baths		Per Unit	Total	
Efficiency								
1 Bedroom								
2 Bedroom								
3 Bedroom								
4 Bedroom								
Other rentable units								
Owner/manager occupied								
Subtotal								
Parking								
Other income (specify)								
TOTAL								

~ Complete this section for apartment rentals only ~

ITEMS INCLUDED IN RENT

(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Heat | <input type="checkbox"/> Furnishings |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Security |
| <input type="checkbox"/> Other Utilities | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Air conditioning | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Stove/Refrigerator | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Other (specify): |

SCHEDULE B – ALL OTHER, NON-APARTMENT RENT SCHEDULE

~ Complete this section for all other rental areas, except for apartments ~

Tenant Name	Floor Location	Lease Terms				Annual Rent		Parking		Interior Finish		
		Start Date	End Date	Sq. Ft. Rented	Base Mthly Rent \$	Escal/CAM/ Overage	Total Rent \$	# of Spaces	Annual Rent \$	Owner Provided	Tenant Provided	If Owner Provided, \$ Cost to Fit Up/Renovate
TOTAL												

PLEASE COMPLETE THE ATTESTATION SECTION ON THE TOP OF PAGE 3

PLEASE SIGN AND DATE THIS ATTESTATION:

I HEREBY DECLARE THAT THE FOREGOING INFORMATION, ACCORDING TO THE BEST OF MY KNOWLEDGE, MEMORY AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY.

Signature: _____ Name (Print): _____ Date: _____

Title: _____ Telephone #: _____

*** PLEASE RETURN ENTIRE WORKSHEET NO LATER THAN FRIDAY, FEBRUARY 12th, 2021***

Purchase Price Verification

~ Complete this section ONLY if the property was purchased within the last 5 years ~

Purchase Price \$ _____ Down Payment: \$ _____ Purchase Date: _____

Selling Broker: _____ Broker Telephone#: _____

Date of Last Appraisal: _____ Appraisal Firm: _____ Appraised Value: \$ _____

First Mortgage: \$ _____ Interest Rate: _____ % Payment Schedule Term: _____ Years Fixed Variable

Did the purchase price include monies allocated for: Furniture? \$ _____ Equipment? \$ _____ Other? \$ _____

PROPERTY CONDITION: _____ COST OF IMPROVEMENTS MADE AFTER PURCHASE: \$ _____

Has the property been listed for sale since your purchase? Yes No

If yes, provide list price: \$ _____ Date listed: _____ Listing broker: _____ Broker's Telephone #: _____

COMMENTS: Please explain any special circumstances, or extraordinary factors that affected the purchase price, e.g., vacancy, seller motivation, conditions of sale, property condition, favorable seller financing, etc. Use this area for any other helpful information or comments.

