



TOWN OF FOXBOROUGH

Thomas F. Buckley, *Chairman*
 Robert J. Hadge
 Michael K. Laracy

OFFICE OF THE BOARD OF ASSESSORS

40 South Street • Foxborough, MA 02035
 Phone: 508-543-1215
 Fax: 508-543-6278

Hannelore Simonds, M.A.A.
 Chief Assessor
hsimonds@mail.town.foxborough.ma.us

INCOME AND EXPENSE QUESTIONNAIRE – FOXBOROUGH, MA COMMERCIAL/INDUSTRIAL PROPERTIES FOR 12 MONTHS ENDING JANUARY 1, 2015: FISCAL YEAR 2016

Please Return to:
 Town of Foxborough
 40 South Street
 Foxborough, MA 02035

NOTE: SIGNATURE IS REQUIRED ON BACK PAGE

SECTION I: GENERAL DATA

Gross Building Area in SF:		Number of Rentable Units including owner's:	
Net Leasable Area in SF:		Total Parcel Land Area:	
Owner Occupied Area in SF:		Building Age:	

SECTION II: INCOME AND LOSS TOTALS FOR CALENDAR YEAR 2014

Please enter annual income on Lines 1 through 6 **AS IF FULLY RENTED**.

Calculate Vacancy Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 7** if difference is due to vacancy.

Calculate Concession Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 7** if difference is due to concessions.

Other Income (Lines 5 and 6) includes items such as: cell towers, vending, laundry, parking, billboards, etc. Describe and enter.

1. Total Office Rental Income: (Annual rent as if fully rented)	
2. Total Retail Rental Income: (Annual rent as if fully rented)	
3. Total Industrial/Warehouse/Garage Rental Income: (Annual rent as if fully rented)	
4. Total Other Building Rental Income: (Annual rent as if fully rented)	
5. Other Income: (Describe)	
6. Other Income: (Describe)	
7. Potential Gross Income: (Add 1 through 6)	
8. Loss due to Vacancy: See note above.	
9. Loss due to Concessions/Bad Debt: See note above.	
10. Total Collection Loss: (Add 8 and 9)	
11. Effective Gross Income (Subtract 10 from 7)	

Expenses reimbursed by tenants EXCLUDING RE TAX:	
Expenses reimbursed by tenants RE TAX ONLY:	

SECTION III: EXPENSES FOR CALENDAR YEAR 2014

Please check if each item is paid by Owner or Tenant. If entering "Other", please describe.

Expense Type	Amount	O	T	Expense Type	Amount	O	T
1. Management Fee				20. Maintenance Contract Fee			
2. Legal/Accounting				21. Maintenance Supplies			
3. Security				22. Maintenance Groundskeeping			
4. Payroll				23. Maintenance Trash Removal			
5. Group Insurance				24. Maintenance Snow Removal			
6. Telephone				25. Maintenance Exterminator			
7. Advertising				26. Maintenance Elevator			
8. Commissions				27. Insurance (1 Year Premium)			
9. Repairs Exterior				28. Reserves for Replacement			

10. Repairs Interior				29. Travel			
11. Repairs Mechanical				30. Other			
12. Repairs Electrical				31. Other			
13. Repairs Plumbing				32. Other			
14. Utilities Gas				33. TOTAL (Add 1 thru 32)			
15. Utilities Oil				34. Real Estate Taxes			
16. Utilities Electricity							
17. Utilities Water							
18. Utilities Sewer							
19. Maintenance Wages							

SECTION IV: INCOME RENT ROLL FOR CALENDAR YEAR 2014

Please enter annual rent **AS IF FULLY RENTED.**

Please calculate vacancy by subtracting **ACTUAL RENT FROM ANNUAL RENT.**

Please enter Lease Type "G" (GROSS), "N" (NET), "NN" (DOUBLE NET), "NNN" (TRIPLE NET), or "TAW" if Tenant at Will.

Tenant Name	Use	Unit #	Floor Level	Leased Area (SF)	Annual Rent 2014	Lease Type	Start Date	Term Years	Vacancy 2014
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									

SECTION V: SIGNATURE

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: (Please print) _____
 Title: _____
 Signature of owner or preparer: ... _____
 Phone: _____
 Date: _____

