



\_\_\_\_\_ ft. x \_\_\_\_\_ ft.                      \$ \_\_\_\_\_  
 \_\_\_\_\_ ft. x \_\_\_\_\_ ft.                      \$ \_\_\_\_\_  
 \_\_\_\_\_ ft. x \_\_\_\_\_ ft.                      \$ \_\_\_\_\_

Does manager live on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give total square feet living area.	_____
Does owner live on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give total square feet living area.	_____

**INCOME DATA SUMMARY:** Provide latest two year history.

Year (2019)

Year (2020)

*The Town of Foxborough is an equal opportunity employer.*

POTENTIAL GROSS INCOME (100% OCCUPANCY)	= \$ _____	\$ _____	VACANCY AND COLLECTION LOSS	- _____	- _____	ADJUSTED GROSS INCOME
= _____	= _____	OTHER INCOME (VEHICLE STORAGE, OTHER*)	+			
		+ _____	EFFECTIVE GROSS INCOME	= _____		
= _____	TOTAL OF ALL EXPENSES	- _____	- _____			
NET OPERATING INCOME	= \$ _____	= \$ _____				

\*OTHER INCOME INCLUDES STORAGE, DEFAULT AND LOCK SALES, BUT EXCLUDES TRUCK RENTAL INCOME.

**MINI-STORAGE WAREHOUSE EXPENSE DATA**

Please provide a 2 year history

NOTE: FOR PROPER ANALYSIS, ALL EXPENSES REPORTED SHOULD BE THE **ACTUAL** INCURRED EACH YEAR.

**DISALLOWED EXPENSES:** DEPRECIATION, MORTGAGE DEBT SERVICE and PROPERTY TAX.

<u>ACTUAL EXPENSES:</u>	<u>YEAR (2019)</u>	<u>YEAR (2020)</u>
ANNUAL INSURANCE	\$ _____	\$ _____
MANAGEMENT / AGENT FEES	\$ _____	\$ _____
ADVERTISING / PROMOTION	\$ _____	\$ _____
ADMINISTRATIVE / SALARIES	\$ _____	\$ _____
GAS / ELECTRIC	\$ _____	\$ _____
WATER / SEWER	\$ _____	\$ _____
TELEPHONE	\$ _____	\$ _____
BLDG. MAINTENANCE & REPAIRS	\$ _____	\$ _____
PARKING LOT & COMMON AREA	\$ _____	\$ _____
SERVICE CONTRACTS	\$ _____	\$ _____
JANITORIAL	\$ _____	\$ _____
SUPPLIES	\$ _____	\$ _____
OTHER EXPENSE (DESCRIBE):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**MAJOR REPLACEMENTS / REPAIRS:**

PLEASE LIST BELOW:

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL OF ALL EXPENSES =** \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ of **Date:** \_\_\_\_\_ Signature  
Owner or Manager

NOTE: Attach any additional documents necessary to itemize expenses or replacements not sufficiently explained above.

*The Town of Foxborough is an equal opportunity employer.*