



DEPARTMENT OF REAL ESTATE ASSESSMENTS

2100 Clarendon Blvd., Suite 611 Arlington, VA 22201
TEL 703.228.3920 www.arlingtonva.us

TO WHOM IT MAY CONCERN:

The Department of Real Estate Assessments is collecting and analyzing information for the annual reassessment of real estate. Comparable sales, replacement cost data, and income and expense information will be used to make fair market value assessments of properties in Arlington County.

The accompanying survey has been designed for the analysis of income-producing properties. The information will be used to determine the ranges of operating characteristics and the investment criteria present in the marketplace for income-producing real estate.

This request is made by the authority of the Constitution of Virginia and the Code of Virginia. The income and expense information which is provided will be kept confidential according to Section 58.1-3 of the Code of Virginia. ***If there is willful failure to furnish statements of income and expenses in a timely manner to the director, the owner of such parcel of real estate shall be deemed to have waived his or her right in any proceeding contesting the assessment to utilize such income and expenses as evidence of fair market value. (Code of Virginia 15.2-716).***

All income and expense statements must be certified with the signature of the owner, an officer of the corporation, or the duly authorized agent of the owner. If the statement is certified by an agent, an express authorization from the owner to do so must be submitted with the statement.

This request for information is not limited to income and expenses but extends to all things that affect the value of the subject property including, but not limited to, structural defects, physical conditions, lease terms, etc. Please describe these and provide any supporting documentation in 8 ½ X 11 format. Please submit the signed form with any supporting documents to the Department of Real Estate Assessments by April 15, 2010.

If you have any questions, or wish to discuss the survey form with a member of the assessment staff, please call (703) 228-3920 between 8:00 AM and 5:00 PM Monday through Friday.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas L. Rice".

Thomas L. Rice, Director

TLR/wv
Enclosure



*** CONFIDENTIAL ***

ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF REAL ESTATE ASSESSMENTS
2100 CLARENDON BOULEVARD, SUITE 611
ARLINGTON, VIRGINIA 22201
(703) 228-3920



E-Mail: realog2@arlingtonva.us

Website: www. arlingtonva.us

PLEASE COMPLETE AND RETURN TO ABOVE ADDRESS BY APRIL 15, 2010

OFFICE BUILDING/COMMERCIAL PROPERTY INCOME AND EXPENSE QUESTIONNAIRE

ALL INFORMATION REQUESTED IS PURSUANT TO THE CONSTITUTION OF VIRGINIA AND THE TAX CODE OF VIRGINIA AND ALL DATA FURNISHED WILL REMAIN CONFIDENTIAL IN ACCORDANCE WITH 58.1-3 OF THE CODE OF VIRGINIA. IF THERE IS A WILLFUL FAILURE TO FURNISH STATEMENTS OF INCOME AND EXPENSES IN A TIMELY MANNER TO THE DIRECTOR, THE OWNER OF SUCH PARCEL OF REAL ESTATE SHALL BE DEEMED TO HAVE WAIVED HIS OR HER RIGHT IN ANY PROCEEDING CONTESTING THE ASSESSMENT TO UTILIZE SUCH INCOME AND EXPENSES AS EVIDENCE OF FAIR MARKET VALUE (CODE OF VIRGINIA 15.2-716)

List all RPC 's included in this statement _____

Accounting period: from Mo. Yr. to Mo. Yr.

Name of Project: _____

Property Address: _____

Name of Owner: _____

Management Firm or Agent _____

Address: _____

No. Street Suite No.

City State Zip

Does the Management Company have an ownership interest in the property? (Explain)

Are any operating expenses paid to persons with an ownership interest? (Explain)

NOTE: Income and Expense information provided will not be considered valid unless signed and dated by owner or officer of the corporation or an authorized agent as requested below. IMPORTANT: AGENTS AND PROPERTY MANAGERS MUST ATTACH EXPRESS WRITTEN AUTHORITY FROM OWNER TO SIGN THIS FORM.

ALL OF THE INFORMATION PROVIDED HEREIN HAS BEEN EXAMINED BY ME AND IS TRUE, CURRENT, AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

Name (Please Print or Type) Signed (Signature of Owner or Authorized Agent)

Title (Owner or Authorized Agent) Company

Telephone No. () Date

Gross Bldg. Area: _____ S.F.

Total No. Parking Spaces - Garage _____ Surface _____

	<u>GROSS SQ. FT. AREA</u>	<u>NET RENTABLE SQ. FT.</u>
Office	_____	_____
Retail	_____	_____
Storage	_____	_____
Other (Identify)	_____	_____
	_____	_____

TENANT INFORMATION: PLEASE IDENTIFY THE FOLLOWING SPACES AND RENTAL RATES:

Owner Occupied _____/S.F. @\$_____/S.F.

Mgmt. Co. Occupied _____/S.F. @\$_____/S.F.

Vacant Space _____/S.F. @\$_____/S.F.
(End of Year)

Estimated LOSS OF INCOME due to VACANCIES: \$_____ during the accounting period.

What are current asking rents? \$_____/S.F. Based on gross or net S.F.?

Have you granted rent concessions? (NO)_____ (YES)*

****If yes, please attach a list showing tenants' names, types and amounts and duration of the concessions.***

*****PLEASE COMPLETE THE RENT ROLL ON PAGE 4*****

INCOME AND EXPENSE INFORMATION

INCOME

GROSS POSSIBLE RENTS @100% OCCUPANCY (for the accounting period)

I 01 Rents -- Office \$_____

I 02 Rents -- Retail _____

I 03 Rents -- Garage Prk..... _____

I 04 Rents -- Storage _____

I 05 Rents -- Other (Identify) _____

SUBTOTAL..... _____

I 06 Pass-Throughs..... _____

I 07 Retail Percentage Income _____

I 08 Miscellaneous Income (Explain)..... _____

GROSS POSSIBLE INCOME..... \$_____

LESS ACTUAL:

I 09 Vacancies _____

I 10 Rent Loss (give details) _____

I 11 Rent Concessions (give details) _____

EFFECTIVE GROSS INCOME:..... \$_____

(TOTAL ACTUAL COLLECTIONS)

EXPENSES

	<u>TOTAL COST</u>	<u>PASS THROUGH (PAID BY TENANTS)</u>
E 01 Electricity	_____	_____
E 02 Water & Sewer	_____	_____
E 03 HVAC Fuel:		
Gas	_____	_____
Oil	_____	_____
<u>SUBTOTAL UTILITIES</u>	\$ _____	\$ _____
E 04 Janitorial Payroll or Contract	_____	_____
E 05 Cleaning Supplies	_____	_____
E 06 Miscellaneous Janitorial	_____	_____
<u>SUBTOTAL JANITORIAL</u>	\$ _____	\$ _____
E 07 Maint. & Repair Payroll	_____	_____
E 08 Maintenance Supplies	_____	_____
E 09 HVAC Repairs	_____	_____
E 10 Electric Repairs	_____	_____
E 11 Plumbing Repairs	_____	_____
E 12 Elevator Repairs/Maint	_____	_____
E 13 Exterior Repairs	_____	_____
E 14 Roof Repairs	_____	_____
E 15 Tenant/Public Area Decorating	_____	_____
E 16 Repairs to Parking Lot/Garage	_____	_____
E 17 Miscellaneous Repairs	_____	_____
<u>SUBTOTAL MAINTENANCE AND REPAIR</u>	\$ _____	\$ _____
E 18 Administrative Payroll	_____	_____
E 19 Advertising	_____	_____
E 20 Management Fee	_____	_____
E 21 Leasing Commissions	_____	_____
E 22 Legal & Accounting Fees	_____	_____
E 23 Other Administrative Costs	_____	_____
(Give details)	_____	_____
E 24 Payroll Taxes	_____	_____
E 25 Employee Benefits	_____	_____
<u>SUBTOTAL ADMINISTRATIVE EXPENSES</u>	\$ _____	\$ _____
E 26 Landscaping	_____	_____
E 27 Trash Removal	_____	_____
E 28 Security - Payroll or Contract	_____	_____
E 29 Snow Removal	_____	_____
E 30 Window Washing	_____	_____
E 31 Miscellaneous Services (give details)	_____	_____
<u>SUBTOTAL SERVICES</u>	\$ _____	\$ _____
E 32 Property Insurance	_____	_____
E 33 Business Tangible Tax	_____	_____
E 34 Business License	_____	_____
<u>SUBTOTAL INSURANCE & TAX</u>	\$ _____	\$ _____
<u>TOTAL OPERATING COSTS</u>	\$ _____	\$ _____
.....		(Also enter on P.2 - I-06)
E 35 Real Estate Taxes	\$ _____	\$ _____
E 36 Renovations/Capital Improvements	\$ _____	\$ _____

