

# INDUSTRIAL/FLEX INCOME AND EXPENSE SURVEY

## County of Fairfax

IF NO LABEL PROVIDE:

Property Tax Map ID  
Property Name  
Property Address  
Owner  
Industrial Type (warehouse or flex)

**Return to: Department of Tax Administration  
Real Estate Division, Suite 357  
12000 Government Center Parkway  
Fairfax, Virginia 22035-0028**

Voice: (703) 324-4802 Fax: (703) 324-4935  
Email Address: <http://icare.fairfaxcounty.gov/ContactUs>.  
On the internet: <http://www.fairfaxcounty.gov/taxes>

The Income and Expense information must be placed on this form. No alternative forms may be used. A detailed set of instructions is part of this survey. These instructions are provided to assist you in completing the form. If you should have any questions or need assistance, please contact our office.

### Income and Expense Survey Information for Calendar Year 2019

Debt Service Information (within last 5 years)						
	Loan Amount	Loan Date	Term	Interest Rate %	Payment (P & I)	Payment Frequency (Mo. or Yr.)
A	1.					
	2.					
Has there been a professional appraisal on this real property in the last five years? [ ] Yes [ ] No						

B	<b>Certification</b>	OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA State law requires certification by the owner or officially authorized representative.
	<p><i>Please print or type all information except signature.</i></p> <p>1. Name of management company _____</p> <p>2. Address _____</p> <p>3. Contact Person _____ Phone _____</p> <p>4. Email Address _____</p> <p>All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.</p> <p>5. Signature (required) _____ Date _____</p> <p>6. Print name _____</p> <p>7. Title _____</p> <p>Type of accounting method _____ Cash _____ Accrual</p>	

**For Office Use Only - - Do Not Write Below this Line**

	Survey Entered	Survey Verified	Survey Stabilized	Rents Entered	NBHD #	Received Date Entered	Owner Occupied
DATE							
INITIAL						Check above box if yes	Check above box if yes

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**General Information**

**C**

- 1. Property Name \_\_\_\_\_ Year Built \_\_\_\_\_ Year Addition \_\_\_\_\_
- 2. Property Type \_\_\_\_\_ Elevators \_\_\_\_\_ Stories \_\_\_\_\_
- 3. Property Address \_\_\_\_\_
- 4. What is your 'Trading as' name reported on your business license? \_\_\_\_\_  
Owner Occupied? (Y/N) \_\_\_\_\_ Sq. Feet \_\_\_\_\_
  
- 5. Total Building Area of Property \_\_\_\_\_ sq. feet  
(Including basement and mezzanine, but not parking structures)
  
- 6. Total Leasable Area of Property \_\_\_\_\_ sq. feet (Not applicable for apartments)
- 7. Total Basement Area \_\_\_\_\_ sq. feet  
Finished Area \_\_\_\_\_ Unfinished Area \_\_\_\_\_ Parking Area \_\_\_\_\_
  
- 8. Total Number of Parking Spaces \_\_\_\_\_
- 9. Total Reserved/Rental Parking Spaces \_\_\_\_\_
- 10. Identify any tenant leaving the property prior to their contracted lease expiration date. If there is a buyout involved, please include the amount.  
Tenant \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Contracted Lease Expiration Date \_\_\_\_\_ Actual Date Vacated \_\_\_\_\_  
Leased SF \_\_\_\_\_ Buyout Amount (if any) \$ \_\_\_\_\_  
If there is not a buyout, is the tenant going to continue paying the contracted rent? Yes \_\_\_\_ No \_\_\_\_

**Vacancy Information**

**D**

- 1. Space vacant January 1 (current year) \_\_\_\_\_ Sq. Ft. Rentable
- 2. Space vacant January 1 (previous year) \_\_\_\_\_ Sq. Ft. Rentable
- 3. Income loss from vacancy (reporting period) \_\_\_\_\_
- 4. Income loss from bad debts (reporting period) \_\_\_\_\_
- 5. Current market rent per sq. ft. for vacant space \_\_\_\_\_ Sq. Ft. Rentable

E	<b>Annual Income</b> (Enter round numbers, no decimals.)													
	Income for Period _____ 20_____ to _____ 20_____													
	mo		day		yr		to		mo		day		yr	
	Primary Rental Income _____													
	Sales of Utilities _____													
	Common Area Maintenance Reimbursement _____													
	Interest Income _____													
	Insurance Reimbursement _____													
	Operating Expense Reimbursement _____													
	Real Estate Tax Reimbursement _____													
	Other Rental Income (specify) _____													
	Other Rental Income (specify) _____													
Miscellaneous Income (specify) _____														
<b>Total actual income (Sum of above income)</b> _____														

F	<b>Capital Improvements, Renovations, Leasing Commissions, Tenant Improvements</b>												
	Have there been Capital Improvements or Capital Renovations to the property during this <u>reporting period</u> :												
	Yes _____ No _____ If yes, please provide total cost here and attach a detailed list on separate page.												
	<b>Total Capital Cost</b> _____												
	Does the property currently have any deferred maintenance? If yes, please provide the total cost to cure and provide an itemized list of the individual items along with cost estimates.												
<b>Total Deferred Maintenance</b> _____													
What were the total <u>Leasing Commissions</u> paid during this reporting period? _____													
What were the total <u>Tenant Improvement Costs</u> paid during this reporting period? _____													
<u>New Construction</u> – Submit most recent AIA Documents G702 and G703 to include all hard and soft construction costs.													

	<p><b>Annual Operating Expenses</b> (Enter round numbers, no decimals.)</p>	
G	1. <u>Utilities</u>	
	Water and Sewer	_____
	Electricity	_____
	Other Utilities	_____
	2. <u>Maintenance and Repair</u>	
	Maintenance Payroll/Supplies	_____
	HVAC Repairs	_____
	Electric/Plumbing Repairs	_____
	Roof Repairs	_____
	Other Common Area / Exterior Repairs	_____
	Other Repairs / Maintenance	_____
	3. <u>Management and Administrative</u>	
	Management Fees(Don't include asset mgmt. fees, only property specific mgmt. fees)	_____
	Other Administrative/Payroll	_____
	4. <u>Services</u>	
	Janitorial/Cleaning	_____
	Landscape (grounds maintenance)	_____
	Trash	_____
	Security	_____
	Snow Removal	_____
Other Services (specify)	_____	
5. <u>Insurance and Taxes</u>		
Insurance, Fire, Casualty (one year)	_____	
Other Taxes, Fees	_____	
	<b>Total Operating Expenses</b>	_____
H	<p><b>NET OPERATING INCOME</b></p> <p>(Total Actual Income (E) Less Total Expenses Before Real Estate Taxes (G))</p>	_____
I	<p><b>REAL ESTATE TAXES</b></p>	_____

**J**

**INDUSTRIAL/FLEX PROPERTY TENANT INVENTORY**

1. Tenant Name/ Unit	2. Amount of Ground Floor Space Leased	3. % OFFICE*	4. Amount of Mezzanine Space Leased	5. % OFFICE*	6. Lease Dates Mo/DD/Yr – Mo/DD/Yr	ANNUAL RENT		ADDITIONAL AMOUNTS (ANNUALIZED)				ADJUSTMENTS				
						7. Original Annual Base Rent Amount	8. Current Annual Rent Amount	9. Rent Escalations Fixed or CPI	EXPENSE REIMBURSEMENTS AND PASS THROUGHS			10. Expense Stop	11. Amount Paid in Excess of Expense Stop	12. Common Area Maintenance (If Separate)	13. R.E. Taxes (If Separate)	14. Mo. Free Rent

IF NEEDED, USE THIS SPACE FOR EXPLANATION OF TENANT INVENTORY ENTRIES:

\*Note: Please indicate in columns 3 & 5 the percentage of the rented space on the ground floor or mezzanine level that is finished for use as office, retail, etc. Please enter all space, including vacant space, on the rent roll.

PLEASE LIST SEPARATELY AND IDENTIFY ANY SPACE USED AS DATA CENTER SPACE.

Please submit lease abstracts for any new leases contracted during calendar year 2019.

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**COUNTY OF FAIRFAX, DEPARTMENT OF TAX ADMINISTRATION, REAL ESTATE DIVISION**

**INSTRUCTIONS FOR COMPLETING  
INCOME AND EXPENSE SURVEY FORM  
INDUSTRIAL/FLEX**

The following instructions are provided to aid you in filling out this survey form. If you have any questions, please call this office at (703) 324-4802. Please do not email or fax large survey packets. Mailing is preferred.

**A. Debt Service Information**

Please provide information in regard to any loan placed on this property within the last five years. Please include any new loans or refinancing of original debt. This information is requested to study the financing trends for this property type to determine typical debt coverage ratios. By obtaining this information we may also be able to see if your particular property is unusual in its financial arrangements.

**B. Certification**

Certification of this information by the owner or officially authorized representative is required by state law (Code of Virginia 58.1-3294). A copy of this code will be provided upon request. Please print or type the name and title of the person certifying the information. Also, provide the name and phone number of the person to contact with questions about the information. Indicate the type of accounting method employed in completing this survey.

**C. General Information**

1. Please provide the property name, year built and any addition years.
2. Please provide the type of property (office, retail, etc), # of elevators and # of stories.
3. Please provide the address of the property.
4. Please provide the 'Trading as' name reported on your business license. Do you have owner occupied space in the building and if so please provide the amount of square feet you occupy.
5. Please provide the total building area of the property including basement and mezzanine space but not parking space.
6. Please provide the total leasable area of the property.
7. Please provide the total basement area of the property. Provide the finished, unfinished and parking area too.
8. Please provide the total number of parking spaces.
9. Please provide the total reserved/rental parking spaces.
10. Please identify any tenants that will be leaving the property earlier than their contracted lease expiration date. Please identify the means by which they are vacating the premises: early exit clauses, lease buyouts, bankruptcy court orders; having simply given notice that they are leaving early but will still be paying the rent.

**D. Vacancy Information**

1. Please provide the amount of vacant space, in square feet, available for lease on January 1 of the current year.
2. Please provide the amount of vacant space, in square feet, available for lease on January 1 of the previous year.
3. Please provide the estimated income loss due to the vacancy reported in question 1 and 2 above.
4. Please provide the actual income loss from collection, or bad debts.
5. For the vacant space listed in question 1, please provide the current asking rent for this space. Please state whether asking rent is Full Service. If not Full Service, state what services are not included.

## E. Income Information

Please enter the period covered by this income and expense statement. Please enter round numbers, no decimals.

**Primary rental income** – Enter the actual income from rental space. This is actual gross rent received from the property.

**Sales of utilities** – Income from the sale of utilities and services in addition to actual rent income. Usually these are cost reimbursements by the tenants over and above the base rent.

**Common area maintenance reimbursement** – Total income received from tenants for their share of the common area maintenance.

**Interest income** – Income of this property from interest earned on capital improvement accounts, reserve accounts, monthly management operating accounts, and bank deposits including CD's and treasury notes.

**Insurance reimbursement** – Monies paid to owner for insurance claims.

**Operating expense reimbursement** – Income to the property from the tenants' prorata share of the operating expenses (pass-throughs), usually above a base amount or expense stop as specified in the terms of the lease.

**Real estate tax reimbursement** – Income to the property from the tenants' prorata share of the real estate taxes (pass-throughs), usually above a base amount or tax stop as specified in the terms of the lease.

**Other rental income (specify)** – Rental income for any specially designated space which is not covered by the categories listed above. Specify the type of space to which the income relates.

**Miscellaneous income (specify)** – Any additional income received not covered in another category. Specify the type of source of income.

**Total actual income received** – Sum of above income.

## F. Capital Improvements, Renovations, Deferred Maintenance

1. Capital expenditures are investments in remodeling or replacements that materially add to the value of the property, or appreciably prolong its economic life. Generally, expenditures on materials or equipment with a life of more than one year should be considered capital and included here. If this section applies to your property, please answer yes and list on an attached sheet the items considered to be capital improvements. Enter the total amount of the capital cost for this reporting period only. For each line enter a description of the improvements, the total cost and the life of the improvements in years. The life of the improvements is the number of years the improvement will last, or the number of years over which it will be amortized. This section helps to compile maintenance expenses data for each property type.
2. Deferred Maintenance items should include major building components which are currently needing repair. If this property has such needed maintenance, please include an itemized listing of the individual items, along with repair cost estimates.
3. Leasing Commission costs should include the total leasing commissions paid by the landlord for the reporting period.
4. Tenant Improvement costs should include the total cost of the tenant refit paid by the landlord for the reporting period.



5. New Construction – Attach most recent AIA G702 and G703 documents to include all hard and soft costs.

## G. Annual Operating Expenses

These are expenses necessary to maintain the production of income from operation of the property. **Do not include under any expense category items such as ground rent, mortgage interest or amortization, depreciation, personal property tax, income taxes, or capital expenditures.** These are not operating expenses. Capital expenditures include investments in remodeling, or replacements which materially add to the value of the property or appreciably prolong its life. Capital expenditures are requested in Section E. Please include here all other expenses to the property, including those reimbursed by the tenants.

1. Utilities

**Water and sewer** – Expense of water and sewer services for this reporting period.

**Electricity** – Electrical expense.

**Primary heating fuel (specify)** – Specify primary fuel (oil, gas, electric) used for heating the building, and its expense. Do not include an amount here if heat is electric and expense is included in electricity expense above.

**Other utilities (specify)** – Other utility expense which is not covered by the categories above.

2. Maintenance and Repairs

**Maintenance payroll/supplies** – Payroll expenses for maintenance staff, and expenses for maintenance supplies.

**HVAC repairs** – Maintenance and repair expense for heating, ventilation and air-conditioning. Do not include capital repairs.

**Electric/plumbing repairs** – Maintenance and repair expense for electric and/or plumbing systems.

**Roof repairs** – Minor repair and routine maintenance expense of roof. Do not enter the cost to replace entire roof. Roof replacement is a capital expense, which should be shown in Section E.

**Common area exterior repairs** – Repairs to the outside of the property not covered elsewhere. Do not include capital items.

**Other repairs/maintenance (specify)** – Maintenance and repair expense not covered in another category. Please specify type of maintenance and/or repair. **Do not include capital items.**

3. Management and Administrative

**Management fees** – Amount paid to a management company or self for operating the building. Do not count management expenses here if the same administrative costs are shown elsewhere. Don't include asset management fees, only property specific management fees.

**Other administrative/payroll** – Includes advertising, administrative payroll, office supplies, accounting and legal fees. (Please detail each line item. If necessary attach separate sheet).

4. Services

**Janitorial/cleaning (payroll/contract)** – Janitorial and cleaning expenses for the property.

**Landscape (grounds maintenance)** – Landscaping or grounds keeping service expenses.

**Trash** – Expense for trash service.

**Security** – Expense for security service, guards, etc.

**Snow removal** – Expense for snow removal service.

**Other services** – Other service expense which is not covered by the categories above.

5. Insurance and Taxes

**Fire, casualty insurance** – (reporting period only) Some insurance policies are multi-year contracts. Please include only one year's cost.

**Other taxes, fees** – This includes business license tax, personal property taxes, and other taxes, exclusive of real estate taxes.

**Total Operating Expenses** - Sum of all operating expenses.

## H. Net Operating Income

Income to the property after all fixed and operating expenses are deducted, but before deducting real estate taxes, mortgage interest and depreciation (i.e., total actual income received, Section E, less total operating expenses, Section G.

## I. Real Estate Taxes

**Real estate taxes** – Amount paid in real estate taxes for this reporting period. This should reflect any adjustments made in the assessment for the period. Do not include personal property taxes.

**Total expenses before real estate taxes.**

## J. Tenant Inventory

1. **Tenant name or unit number** – Please indicate the name or tenant identification for each leased space. List any vacant spaces. **Please identify any space used as data center space.**
2. **Amount of ground floor space leased** – The square feet of space specified in the lease on the main or predominant floor. It does not include leased mezzanine space.
3. **Percentage of office** – Of the space included in the previous column, the percentage that is finished for use as office or retail space.
4. **Amount of mezzanine space leased** – Many industrial properties include structural mezzanines within that adds usable space. This space may be fabricated of many different materials and finished in various ways. Include all mezzanine space in square feet.
5. **Percentage of office** – Of the mezzanine space included in the previous column, the percentage that is finished as office or retail space.
6. **Lease dates** – The effective beginning and ending dates for the leases of the current tenants.
7. **Original annual base rent amount** – The original base (face) rent for the first year of the current lease in total dollars. This does not include escalations or reimbursements for any expenses nor does it include adjustments for free rent or concessions.

8. **Current annual rent amount** – The current amount of rent now being paid for this reporting period. This amount includes CPI or percentage escalations, but does not include reimbursements for utilities, common area expenses, or taxes.
9. **Rent Escalations (Fixed or CPI)** – Show the percentage increase or percentage of CPI (Consumer Price Index) from the escalation clause in the lease. The additional income generated by the escalation clause in the lease for this period should be included in current rent.
10. **Expense stop** – Indicate any expense stop. This is the amount of expenses, usually expressed in dollars per square foot, that the landlord has agreed to include in the basic rent. If there is not an expense stop and the tenant pays common area maintenance and/or real estate taxes separately, write “none” and show these amounts in the appropriate columns.
11. **Amount paid in excess of expense stop** – The total dollar amount paid by the tenant for expenses in excess of the agreed upon expense stop.
12. **Common area maintenance** – The annual expense paid by tenant to maintain common areas that are not designed for lease, e.g., parking, sidewalks, landscaped areas, hallways, public restrooms, etc. If common area maintenance is paid separately or not included in the expense stop, show that total dollar amount.
13. **Real estate taxes** – If real estate taxes are reimbursed by the tenant, show the annual amount.
14. **Months free rent** – If there was a period of free rent agreed upon in the lease, show the number of months here. If there was a flat dollar amount, indicate that amount on a separate sheet. Indicate the total amount for the lease term.
15. **Total leasing commissions** – If a fee was paid to a leasing company for obtaining a tenant, indicate the amount paid for the entire term of the lease.
16. **Landlord paid build out cost** – If there has been substantial build out costs associated with this lease paid by the landlord, and those costs are not being reimbursed separately by the tenant, indicate the dollar amount.