



County of Fairfax, Department of Tax Administration

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Fairfax, Virginia 22035-0032

<https://www.fairfaxcounty.gov/taxes/real-estate>
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Apartment Income and Expense Survey- Real Estate Division

Calendar Year 2023

For Tax Year 2025

Instructions

Instructions are found as a supplemental document as noted above. Please read these instructions and confirm the statement below before completing your survey.

“I have read and understand the survey instructions.”

A. General Information (Property Identification)

Property Name		Owner/Agent	No Longer Owns Property
Tax Map ID	Element No.	Property Type	

Please list all additional elements included in the income and expense data.

Property Location

Street #	Street Name	Direction	Suffix
City			Zip/Postal Code

Property Improvement Information

Owner Occupied Yes No		Owner Occupied SF		
Year Built	Year Addition	Total Building Area	Total Leasable Area	Total Basement Area
Year Renovated		Finished Bsmt Area	Unfinished Bsmt Area	Bsmt Parking Area
No. Stories	No. Elevators	No. Parking Spaces	No. Reserved/Rental Parking Spaces	

B. Debt Service Information (within the last 5 years)

	Loan Amount	Loan Date	Term	Interest Rate %	Payment (P & I)	Payment Frequency (Mo. or Year)
1						
2						

FOR INTERNAL USE ONLY

Initial	Date	Entered into IAS	Added to IDOCS
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CONFIDENTIAL

Property Name	Tax Map ID	Element No.	Property Type

C. Vacancy and Concession Information

Units vacant and available for lease as of January 1 (current year) Number of units or % of total units	
Units vacant and available over the <i>past</i> year Number of units or % of total units	
Do you use rent optimizer software? (Indicate type)	Yieldstar LRO Other
Rent concessions offered as of January 1 (current year)	Unit type # of Units
	Amt/Month
	Unit type # of Units
	Amt/Month
Unit type # of Units	
Amt/Month	
<i>Total actual rent concessions given in the year prior to January 1 (current year)</i>	

D. Subsidized, Disability, and Age-Restricted Housing Information

Is this property a participant in one of the HUD/other low-income housing programs?	Yes No
	If yes, please specify type, below.
	Housing Program # Units
	ADU Program
	WDU Program
	Section 8-Project Based
	Section 8-Tenant Based
	221-D3
	221-D4
	236
LIHTC	
Sec 42	
Other	
How many units are wheelchair accessible, if any?	
How many units are reserved specifically for the elderly to rent, if any?	
Is this property applying for Fairfax County affordable housing valuation consideration under VA Code Ann. Sec 58. 1-3295?	Yes No

Property Name	Tax Map ID	Element No.	Property Type

E. Capital Improvements/Renovations, Deferred Maintenance, and Development Costs	
Have any capital improvements or renovations occurred during reporting period?	Yes No
If yes, please provide total cost and attach a detailed list of improvements.	
Do you fund a reserve for capital improvements? If yes, please provide annual amount.	Yes No
Total units improved/renovated during the reporting period	
# of removed/renovated units off-market as of January 1	(time off market mo.)
Are there items of deferred maintenance? If yes, please provide annual amount.	Yes No
Estimated total development costs (Includes all direct or "hard costs" plus indirect or "soft" costs, including marketing costs, leasing commissions, etc. to achieve initial stabilized occupancy)	
Purchase Price of Land	
<i>Total Costs</i> <i>Attach most recent AIA G702 and G703 and associated soft costs</i>	
# of new completed units as of January 1	
# of new incomplete units as of January 1	

Property Name	Tax Map ID	Element No.	Property Type

F. Income Information		
(Please round your numbers, no decimals.)		
Income for period (mm/dd/yyyy)	From:	To:
Market rent at 100% occupancy		
Vacancy and Collection Loss		
Income loss due to vacancy		
Income loss due to collection loss		
<i>Total Vacancy and Collection Loss</i>		
Rent Concessions/Employee Quarters		
Income loss due to concessions		
Income loss due to employee quarters		# of units
<i>Total Rent Concessions/Employee Quarters</i>		
Actual Income		
	Amount	Imputed?
Residential Rental Income		
Other Income		
Commercial Tenant Income received		
Laundry Income (<input type="checkbox"/> Contract? <input type="checkbox"/> Owner Managed?)		
Insurance Reimbursements		
Parking/Garage Income		
Special Fees, Clubhouse Rental, Vending		
Furniture Rental (Net of Expenses)		
NSF, Late Fees, Damages		
Excess Rent Attributable to Corporate Suites		
HUD Interest Subsidy Reimbursements		
Antenna/Miscellaneous Income		
<i>Total Other Income</i>		
<i>Total Actual Gross Income (Rent + Other Income)</i>		

Property Name	Tax Map ID	Element No.	Property Type

G. Annual Operating Expenses

	Amount	Imputed?
Water and Sewer		
Electricity		
Other Utilities		
Maintenance Payroll/Supplies		
HVAC Repairs		
Electric/Plumbing Repairs		
Elevator Repairs		
Roof Repairs		
Pool/Recreational Repairs		
Common Area/Exterior Repairs		
Decorating (carpet, paint, etc.)		
Other Repairs and Maintenance (specify)		
Management Fees – (Do not include asset management fees, only property specific mgmt. fees) Self-managed? Yes No		
Other Administrative/Payroll (specify or attach detailed sheet)		
Janitorial/Cleaning		
Landscape (grounds maintenance)		
Trash		
Security/Pool Service		
Extermination		
Snow Removal		
Other Services (specify)		
Fire and Casualty Insurance (One Year)		
Other Taxes, Fees (Do not include Real Estate Taxes)		
Association Dues Circle one: Reston Kingstowne BCC		
<i>Total Operating Expenses (before replacement reserves)</i>		
Total Operating Expenses Before Reserves and Taxes		
<i>H. Net Operating Income (Total Actual Income Less Total Expenses before Real Estate Taxes)</i>		
I. Real Estate Taxes		
Reserves for Replacement		

Property Name	Tax Map ID	Element No.	Property Type

J. APARTMENT RENT MIX INFORMATION

Please fill out the rent roll on the next page. If there are more tenants than lines available in the table, attach a full rent roll that includes the following tenant information. (Annualize rents and expense reimbursements.)

1. Unit Type (Efficiency, 1BR, 1BR Den, etc.)*
2. Number of Units of This Type
3. Rentable Area per Unit (square feet)
4. Number of Baths
 - a. Full
 - b. Half
5. January 1st Actual Rent per Month
6. Current Actual Rent per Month
7. Items Included in Rent (Indicate All That Apply)
 - a. Heat
 - b. Electricity
 - c. Dish Washer
 - d. Washer/Dryer
 - e. Parking Garage/Surface
 - f. Pool
 - g. Clubhouse/Fitness Center
8. Type of Heat (Gas/Oil or Electric)
9. Metered Utilities (Gas or Electricity)

*Note: If including a rental range, (i.e., \$1,000 - \$1,200 per month), explain what the range considers (i.e., level, carpet, etc.).

1. Subsidized Unit Type (Indicate if ADU or WDU (efficiency, 1 BR, 1 BR Den, etc.).)*
2. Number of Units of This Type
3. Rentable Area per Unit (square feet)
4. Number of Baths
 - a. Full
 - b. Bath
5. January 1st Actual Rent per Month
6. Current Actual Rent per Month
7. Items Included in Rent (Indicate All That Apply)
 - a. Heat
 - b. Electricity
 - c. Dish Washer
 - d. Washer/Dryer
 - e. Parking Garage/Surface
 - f. Pool
 - g. Clubhouse/Fitness Center
8. Type of Heat (Gas/Oil or Electric)
9. Metered Utilities (Gas or Electricity)

*For subsidized apartments, please include basic and fair market rents. For all others, show new tenant rents.

Property Name	Tax Map ID	Element No.	Property Type

K. COMMERCIAL TENANT INVENTORY

- 1. Tenant Name or Unit Number**
- 2. Amount of Floor Space Leased**
- 3. Lease Dates (Month/Day/Year to Month/Day/Year)**
- 4. Original Annual Base Rent Amount**
- 5. Current Annual Rent Amount**
- 6. Rent Escalations (Fixed or CPI)**
- 7. Overage or Percent Rent (if any)**
- 8. Expense Stop**
- 9. Amount Paid in Excess of Expense Stop**
- 10. Common Area Maintenance**
- 11. R.E. Taxes (if separate)**
- 12. Months Free Rent**
- 13. Total Leasing Commission**
- 14. Landlord Paid Buildout Costs**

Tenant Inventory:

Lease Abstracts (if applicable):

Property Name	Tax Map ID	Element No.	Property Type

ADDITIONAL COMMENTS

Please include any details you feel are necessary for the valuation of this property:

ELECTRONIC SURVEYS

Please enter the preferred email for surveys to be sent to (if applicable):

L. CERTIFICATION

OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA
 State law requires certification by the owner or officially authorized representative

Name of Management Company		Contact Person	
Street#	Street Name/P.O. Box	Direction	Suffix
2 nd Line of Address			
Unit/Suite/Floor	City	State/Country	Zip/Postal Code
Phone Number		Email Address	
All information including the accompanying schedules, statements, and attachments have been examined by me and to the best of my knowledge and belief are true, correct, and complete. I acknowledge that a DocuSign signature constitutes an official signature on behalf of the taxpayer or taxpaying entity.			
Signature		Date	
Print Name		Title	