

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

INSTRUCTIONS FOR COMPLETING INCOME AND EXPENSE SURVEY FORM APARTMENT

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 note, if your property maintains a detailed financial statement with individual line items for all income and expenses incurred, you may attach a copy of it to this survey in lieu of completing sections F, H, I and J. All other portions of the form must still be completed.

A. 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.

B. Debt Service Information

Please provide information in regard to any ownership transfer (sale) and 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 transfer and 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.

C. Vacancy & Concession Information

Please provide the **actual** number of vacant units, or percentage of total units, as of January 1 of the current year. Please provide the **average** number of vacant units, or percentage of total units, available for lease over the past year. Indicate whether you use rent optimizer software such as Yieldstar, LRO or another type. Please provide the rent concessions **being offered** as of January 1 of the current year. Include unit type, estimated # units to be given concessions, amount per month, and total amount of concessions. Additionally, provide the **total actual dollar amount** of rent concessions given in the calendar year period preceding January 1 of the current year. The vacancy and concession data provided is used in determining vacancy and rent concession patterns for this property type.

D. Subsidized, Disability, and Age Restricted Housing Information

This information is requested to identify subsidized properties, properties with units for people with disabilities, and units that are age restricted. If the subsidy program in which you participate is not listed, please note it in the space provided. Also, please indicate if the subsidized units participate in either the Affordable Dwelling Unit program (ADU) or Workforce Dwelling Unit program (WDU). If your complex is subsidized, note whether you request consideration under Va. Code Ann. Sec. 58.1-3295.

E. Capital Improvements/Renovations, Deferred Maintenance, and Development Costs

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 accurate maintenance expenses data for each property type.

Please note # of units that were off market due to renovation and note length of time off market.

List all items of deferred maintenance and the estimated cost to repair the item(s).

Please note # of units that were off market due to repairs of deferred maintenance items and note length of time off market.

Estimated total development costs (includes all direct or hard costs plus all indirect or soft costs – submit most recent AIA Document G702 and G703 with the itemized construction costs and all associated soft costs for recent new construction.

Please note # of units complete as of January 1 and the remaining numbers of units to be completed.

F. Income Information

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

1. Potential Rental Income
 - a. **Market rent at 100% occupancy** – This is the total potential rental income for property during this reporting period. The potential rental income includes all the rental income assuming 100% occupancy including employee apartments and is prior to deductions for vacancy and collection loss. Do not include loss to lease, accounting or other loss adjustments here.
2. Vacancy and Collection Loss
 - a. **Income loss due to vacancy** – Estimated rental loss at current rental rates due to unleased units during the reporting period.
 - b. **Income loss due to collection loss** – Income loss due to inability to collect rent owed.
 - c. **Total Vacancy and Collection Loss** – Sum of above vacancy lines.
3. Rent concessions/Employee quarters
 - a. **Income loss due to concession** – Provide the actual \$ amount of loss due to tenant Incentives in order to increase occupancy.
 - b. **Income loss due to employee quarters** – Provide the \$ amount of loss of rent for employee apartments. Please note number of units provided.
 - c. **Total Rent Concession/Employee Quarters loss** – Sum of above concession and employee quarters lines.
4. Actual Gross Income
 - a. **Residential (primary) rental income** – Actual income received from rental of apartment units after vacancy (Potential rental income less total vacancy, collection loss, rent concessions and loss of rent for employee apartments.)
 - b. **Commercial tenant rental income** – Rents received from professional offices or retail shops on the premises. Include rent for storage space.
 - c. **Laundry income** – Total amount of income collected from coin laundry or contractual agreements with laundry machine suppliers. Check the appropriate box for contract service or owner managed.
 - d. **Total Actual Rental income received** – Sum of above rental and laundry income lines.
5. Other Income
 - a. **Utility/services reimbursements** – Represents tenant payment to owner of their prorata share of operating expenses where utilities are sub-metered.

- b. **Interest income** – Interest earned on capital improvement reserve accounts, monthly management operating accounts, and bank deposits such as CD's and treasury notes.
- c. **Insurance reimbursements** – Monies paid to owner for insurance claims.
- d. **Parking/Garage income** – Rental income from garage or covered parking spaces.
- e. **Special fees, clubhouse rental, vending machines** – Pool fees, health club fees, or other fees not accounted for elsewhere, rental income from clubhouse, and income received from vending machines, pay phones, etc.
- f. **Furniture rental income** – Income from rental furniture.
- g. **NSF (non-sufficient funds)** – Late fees, damages.
- h. **Excess Rent Attributable to Corporate Suites** – Rental income from furnished suites less expenses.
- i. **HUD interest subsidy reimbursements (specify)** –Reimbursements from HUD. Please report all subsidies.
- j. **Miscellaneous/Antenna income (specify)** – Any additional income received not covered in another category and/or rental income from communication towers, antennas and equipment leased on premises. Specify the type of source(s) of income. Attach a separate list if needed.
- k. **Total Other Income** – sum of all above Other Income lines.
- l. **Total Actual Income received** – Sum of all income items – add Total Actual Rental Income and Total Other Income.

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. Please include here all other expenses to the property, including those reimbursed by the tenants.

- 1. Utilities
 - a. **Water and sewer** – Cost of water and sewer services for this reporting period.
 - b. **Electricity** – Cost of electricity for this reporting period.
 - c. **Other fuel (specify)** – If more than one type of fuel is used, indicate type and total cost.
- 2. Maintenance and Repairs
 - a. **Maintenance payroll/supplies** – Payroll expenses for maintenance staff, and expenses for maintenance supplies.
 - b. **HVAC repairs** – Maintenance and repair expense for heating, ventilating and air-conditioning. Do not include capital repairs.
 - c. **Electric/Plumbing repairs** – Maintenance and repair expense for electric and/or plumbing systems.
 - d. **Elevator repairs** – Maintenance expense for elevator repairs.
 - e. **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 F.
 - f. **Pool/Recreational repairs** – Repairs to pool. Pool contract service or personnel costs and operating expenses should appear on the line "security/pool service".
 - g. **Common area/Exterior repairs** – (specify) Repairs to the outside of the property not covered elsewhere. Do not include capital items such as roof, Hvac and appliance replacement.
 - h. **Decorating (painting, carpet, etc.)** – (specify) Expense for repairs of interior items. Do not include capital items such as roof, Hvac and appliance replacement.
 - i. **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
 - a. **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. Note whether self-managed.
 - b. **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
 - a. **Janitorial/Cleaning (payroll/contract)** – Janitorial and cleaning expenses for the property.
 - b. **Landscape (grounds maintenance)** – Landscaping or grounds keeping service expenses.
 - c. **Trash** – Expense for trash service.
 - d. **Security/Pool service** – Expense for security service, guards, etc., and any pool service or pool operating expense.
 - e. **Extermination** – Expense for extermination.
 - f. **Snow removal** – Expense for snow removal service.
 - g. **Other services** – Services not elsewhere noted.
5. Insurance and Taxes
 - a. **Fire, casualty insurance** – (reporting period only) Some insurance policies are multi-year contracts. Please include only one year's cost.
 - b. **Other taxes, fees** – This includes business license tax, personal property taxes, and other taxes, exclusive of real estate taxes.
 - c. **HOA** – Homeowners/Community Association fees paid by owner.
 - d. **Total Operating Expenses before Replacement Reserves** - Sum of all operating expenses NOT including Replacement Reserves.
6. Replacement Reserves – Total Replacement Reserves for reporting period. Actual annual amount in reserve account.

H. Net Operating Income

Income to the property after all fixed and operating expenses are deducted (do not include Replacement Reserves) but before deducting mortgage interest and depreciation (i.e., total actual income received less total operating expenses before real estate taxes).

I. 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.

J. Apartment Rent Mix Information

This section is needed to help us determine income for the coming year and to compare features of various apartment projects. A rent roll is not necessary.

1. **Unit type** – Types of units in the project such as; 1 bedroom, 2 bedroom, etc. If there are storage units, carports, reserved parking, etc., that attain rent, list these in the spaces provided. If units are used as the office or models, please indicate. Units that are subsidized should be listed separately in the middle of the page under "subsidized units."
2. **Number of units** – Number of units for each unit type.
3. **Rentable area per unit** – Number of square feet in each unit type (do not sum the areas of all units of this type).
4. **Baths** – Number of full and half baths. A bath with a shower is considered full.
5. **January market rent (per month)** – The market rent of each unit type in January of the current year. Please exclude "specials" and note specials in section C.
6. **Current market rent (per month)** – The normal rent of each unit type at the time the survey is completed. Please exclude "specials" and note specials in section C".
7. **Items included in rent** – Items included in the rent.
8. **Type of heat** – The fuel type for heat.
9. **Metered utilities** – Indicate whether units are separately metered for gas or electric and the tenant pays the utility company. If the units are "sub-metered", please indicate by writing "sub" in the correct section. Units are sub-metered when the owner charges the units separately for utilities based on their usage, but the owner pays the utility company.
 - a. **Note:** If indicating a rental range (i.e., \$1,000-1,200/month), explain what the range considers (i.e., level, floor covering, etc.)
10. **Subsidized units** – List units by number of type of subsidized units and complete items 11 thru 18 as listed in chart. Indicate if subsidized units participate in either the Affordable Dwelling Unit program (ADU) or Workforce Dwelling Unit program (WDU).

K. Commercial Tenant Inventory

This section pertains to commercial tenant space that is leased within your apartment project.

1. **Tenant name** – Please indicate the name or tenant identification for each leased space. Also indicate any vacant spaces with appropriate sizes in the next column.
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. **Lease date** – Indicate the term of the entire lease by including the beginning date and ending date of the lease.
4. **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.
5. **Current annual rent amount** – The current amount of rent now being paid for current year. This amount includes CPI or percentage escalations, but does not include reimbursements for utilities, common area expenses, or taxes.
6. **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.
7. **Overage or % rent (if any)** – Show the dollar amount of paid rent based on gross or net sales (depending on lease requirements) paid over the amount of base rent.
8. **Expense stop** – Indicate any expense stop. This is the amount of expenses, usually expressed in dollars per square foot, which the landlord has agreed to include in the basic rent. If there is no 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.

9. **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.
10. **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.
11. **Real estate taxes** – If real estate taxes are reimbursed by the tenant, show the annual amount.
12. **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.
13. **Total leasing commissions** – Show total leasing commissions paid here.
14. **Landlord 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.

L. 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 this survey.



County of Fairfax, Department of Tax Administration

12000 Government Center Pkwy., Suite 357
Fairfax, Virginia 22035-0032

<https://www.fairfaxcounty.gov/taxes/real-estate>
DTAREDSurveys@fairfaxcounty.gov | 703-222-8234 (TTY 711)

Apartment Income and Expense Survey- Real Estate Division

Calendar Year 2024

For Tax Year 2026

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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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		
Total actual rent concessions given in the year prior to January 1 (current year)	Unit type	# of Units	
	Amt/Month		
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 (Contract? 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

1. Unit Type (Efficiency, 1BR, 1 BR Den, etc)*	2. Number of Units of this Type	3. Rentable Area Per Unit (sq. feet)	4. Number of Baths		5. January 1 Actual Rent (per Month)	6. Current Actual Rent (per Month)	7. Items Included in Rent (Check all that apply)							8. Type of Heat		9. Metered Utilities	
			Full	Half			Heat	Elec	Dish Washer	Washer / Dryer	Parking Gar/Surf	Pool	Clubhouse /Fitness Ctr	Gas /Oil	Elec	Gas	Elec

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

ADDITIONAL RENTS:

Carports: # _____ @ \$ _____ Reserved Parking: # _____ @ \$ _____ Garages: # _____ @ \$ _____ Fireplaces: # _____ @ \$ _____
Storage Units: # _____ @ \$ _____ Cathedral Ceiling: # _____ @ \$ _____ View: # _____ @ \$ _____ Pet Deposit: # _____ @ \$ _____
Other (Specify: _____) # _____ @ \$ _____

10. Subsidized Unit Type Indicate if ADU or WDU (Efficiency, 1BR, 1 BR Den, etc)*	11. Number of Units of this Type	12. Rentable Area Per Unit (sq. feet)	13. Number of Baths		14. January 1 Actual Rent (per Month)	15. Current Actual Rent (per Month)	16. Items Included in Rent (Check all that apply)							17. Type of Heat		18. Metered Utilities	
			Full	Half			Heat	Elec	Dish washer	Washer/ Dryer	Parking Gar/Surf	Pool	Clubhouse /Fitness Ctr	Gas/ Oil	Elec	Gas	Elec

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

L

COMMERCIAL TENANT INVENTORY

1. Tenant Name or Unit Number	2. Amount of Floor Space Leased	3. Lease Dates (Mo/Da/Yr-Mo/Da/Yr)	RENT		6. Rent Escalations Fixed or CPI	ADDITIONAL AMOUNTS (ANNUALIZED)					ADJUSTMENTS			
			4. Original Annual Base Rent Amount	5. Current Annual Rent Amount		7. Overage or % Rent (if any)	EXPENSE REIMBURSEMENTS AND PASS THROUGHES				12. Mo. Free Rent	13. Total Leasing Commission	14. Landlord Paid Buildout Costs	
							8. Expense Stop	9. Amount Paid in Excess of Expense Stop	10. Common Area Maintenance	11. R.E. Taxes (if separate)				

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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	