Official Request

SELF-STORAGE INCOME & EXPENSE SURVEY

CITY OF ALEXANDRIA
OFFICE OF REAL ESTATE ASSESSMENTS
703.746.4646

Tax Assessment Map #	Abstract Code	Account #

Owner Name:	sdffddg		
Mail Addr1:			
Mail Addr2:			
Mail City:			
State:		Zip:	

This form is accessible via the Office's website at www.alexandriava.gov/realestate
If you wish, you may download the form and enter the data via the fillable PDF and submit electronically.

RETURN TO:
CITY OF ALEXANDRIA
OFFICE OF REALESTATE ASSESSMENTS
P. O. BOX 178
ALEXANDRIA, VIRGINIA 22313-1501

Dear Property Owner:

The Office of Real Estate Assessments is in the process of collecting and analyzing information for the annual reassessment of real estate located in the City of Alexandria. This is an official request pursuant to Section 58.1-3294 of the **Code of Virginia** that requires you to furnish this office with income and expense data for any income-producing properties for calendar year 2014. This request is also in compliance with Section 3-2-186 of the Alexandria City Code. All information submitted will be kept strictly confidential under the stipulations of Section 58.1-3 of the **Code of Virginia**.

This survey form is to be completed by the property owner or a duly authorized agent, showing the gross income (at 100% occupancy), vacancies and expenses for the above referenced property. The information should encompass the 2014 calendar year.

Income information related to calendar year 2014 that you may have previously submitted to the Office of Real Estate Assessments or to the Board of Equalization as part of a review or an appeal, **must be resubmitted at this time to satisfy this request**. The income information requested by the Department of Finance in regard to business licenses is not associated with this request.

In addition to the information requested as part of this survey, we request that you submit any other income or expense information that you believe to be relevant to the assessment of your property. If the property is 100% owner occupied, and therefore not income producing, please state this in writing on the front of the form and return it to our office.

The enclosed self-addressed envelope is provided for your convenience. The income information must be returned to our office no later than **May 1, 2015** or postmarked by the U. S. Postal Service no later than **May 1, 2015**. We would like to remind you that any Request for Review of Assessment filed with this office, or any Appeal of Assessment filed with the Board of Equalization, which is based upon the income or expenses attributable to your property will not be considered unless this information has been filed on time.

If you have any questions regarding this matter, or wish to discuss this request form with a member of our appraisal staff, please call between 8 a.m. and 5 p.m., Monday through Friday. Your cooperation and timely response to this legal requirement will be greatly appreciated.

Sincerely,

The Office of Real Estate Assessments

Enclosure

The Income and Expense information must be placed on this form. No alternative forms may be used. If you should have any questions or need assistance please call our office at 703.746.4646.

CERTIFICATION

State law requires certification by the owner or officially authorized representative. Please type or print all information except signature.)

Email: _____

Name of building _____

Property address _____

Type of project or building _____

Owner(s) name(s) _____

By online submission of this form, the individual named below certifies that all information including the accompanying schedules and statements have been examined and to the best of my knowledge and belief are true, correct, and complete.

Management firm _____ Phone _____

Address _____

Date _____ Contact Person _____ Title _____

A. GENERAL INFORMATION

What is the improvement's gross building area? ..... _____ SF

What is the improvement's net rentable area? ..... _____ SF

Does the facility offer on-site parking or outside storage? ☐Yes ☐No

If yes, how much (i.e. number of parking spaces or size of the outside area) . _____ SF

How many stories does the building have? ..... _____

Are there climate controlled units? ☐Yes ☐No

If yes, how many? ... . _____

Is there an on-site manager? ☐Yes ☐No

What type of security is available..... _____

Total number of storage units? .... _____

Are there storage bins that offer at-grade, drive-in units? ☐Yes ☐No

If yes, how many? ..... _____

What types of other income does the facility generate (e.g. sale of locks, boxes and packaging materials).

_____

Are concessions available to tenants (e.g. free rent)? ☐Yes ☐No

If yes, please describe them.

_____

Please attach a rent roll with a breakdown of unit types, sizes and monthly rents.

B. Has there been a professional appraisal on this real property in the last five years? ☐Yes ☐No

If yes, appraiser's estimate of value $ _____ Date of value _____

C. ANNUAL INCOME (for calendar year 2014)

Rental Income:

01 Potential rental income..... _____

02 Sales of utilities/services..... _____

03 Overage/Percentage rental ..... _____

04 Other rental income (Specify_____) _____

05 Income loss from vacancy (2014)..... _____

06 Income loss from bad debts (2014)..... _____

07 Actual rental income received (Total of lines 01 through 04, less lines 05 and 06)..... $ 0

Other Income:

08 Parking and special areas ..... _____

09 Other rental income (Specify: _____) _____

10 Miscellaneous (Specify_____) _____

11 Miscellaneous (Specify: _____) _____

12 Miscellaneous (Specify: _____) _____

13 Miscellaneous (Specify: _____) _____

14 TOTAL ACTUAL INCOME (Sum of lines 07 through 13)..... $ 0

D. CAPITAL IMPROVEMENTS, RENOVATIONS

Have there been Capital Improvements or Capital Renovations to the property during this reporting period?

☐ Yes ☐ No If yes, please provide total cost here and attach a detailed list on a separate page.

Reflect only the capital costs that were actually expensed in calendar year 2014.

E. ANNUAL OPERATING EXPENSES

Utilities:

15 Water and sewer	
16 Electricity (excludes HVAC)	
Electricity (includes HVAC)	
17 Primary heating fuel (Specify: _____)	
18 Other fuel (Specify: _____)	
TOTAL UTILITIES	$ 0

Maintenance & Repairs:

19 Maintenance payroll (including payroll taxes and benefits)	
20 HVAC repairs	
21 Electric/plumbing repairs	
22 Elevator repairs	
23 Roof repairs	
24 Other common area or exterior repairs	
25 Redecorating costs (carpet, paint, etc.)	
26 Miscellaneous repairs (Specify: _____)	
TOTAL MAINTENANCE & REPAIRS	$ 0

Management and Administrative:

27 Management fees	
28 Other administrative/payroll (including payroll taxes and benefits)	
TOTAL MANAGEMENT AND ADMINISTRATIVE	$ 0

Services:

29 Janitorial/cleaning (payroll/contract)	
30 Landscape (grounds maintenance)	
31 Trash	
32 Security	
33 Snow removal	
TOTAL SERVICES	$ 0

Insurance and Taxes (excluding payroll taxes):

34 Insurance, Fire, Casualty (one year)	
35 Other taxes, fees	
36 Real Estate Taxes	
TOTAL INSURANCE AND TAXES	$ 0

Total Operating Expenses:

37 Total Expenses	$ 0

F. NET OPERATING INCOME (Section C, line 14 less Section E, line 37) ..... $ 0

Attach File

SUBMIT