

Official Request
**VACANT LAND / PARKING LOT
INCOME & EXPENSE SURVEY**

CITY OF ALEXANDRIA
DEPARTMENT OF REAL ESTATE ASSESSMENTS
703.838.4646



Tax Assessment Map #	Abstract Code	Account #

RETURN TO:
CITY OF ALEXANDRIA
DEPARTMENT OF REAL ESTATE ASSESSMENTS
P. O. BOX 178
ALEXANDRIA, VIRGINIA 22313-1501

Dear Property Owner:

The Department 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 2008. 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 2008 calendar year.

Income information related to calendar year 2008 that you may have previously submitted to the Department 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, 2009** or postmarked by the U. S. Postal Service no later than **May 1, 2009**. I 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 8:00 a.m. and 5:00 p.m., Monday through Friday. Your cooperation and timely response to this legal requirement will be greatly appreciated.

Sincerely,

Cynthia A. Smith-Page, ASA
Director

Enclosure

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 call our office at 703.838.4646.

A. Certification

State law requires certification by the owners or officially authorized representative.
(Please type or print all information except signatures.)

Name of property _____

Owner(s) name(s) _____

All information including the accompanying schedules and statements has been examined by me and to the best of my knowledge and belief is true, correct and complete. Contact person _____

Management Firm _____ Phone _____

Address _____

Date _____ Signature _____ Title _____

Print name _____

B. ANNUAL INCOME (Calendar Year 2008)

- 01 Rental Potential Income
- 02 Rental Potential Income - tax escalation charges
- 03 Vacancy or Collection Loss
- 04 Insurance Reimbursements for any losses
- 05 Miscellaneous Income (specify)
- Gross Income (from all sources)**

C. Annual Expenses (Calendar Year 2008)

Utilities

- 06 Electricity

Maintenance & Repair

- 07 Maintenance
- 08 Parking lot repairs
- 09 Miscellaneous repairs (specify)

Administrative

- 10 Advertising
- 11 Management fee
- 12 Other administrative costs (specify)

Insurance

- 13 Insurance (1 year only)

Services

- 14 Landscape
- 15 Trash removal
- 16 Security
 - a. payroll
 - b. contracted
- 17 Snow removal
- 18 Miscellaneous (specify)
- 19 Sub Total Operating Costs (sum of lines 6 through 18)
- 20 Personal property taxes
- 21 Real Estate taxes
- 22 **Total Operating Expenses** (sum of lines 19 & 21)
- 23 Other (identify)
- 24 Payments to ground rents
- 25 **Total Expenses** (sum of lines 22 - 24)

D. SALES INFORMATION

Date acquired _____ Price _____
 Date sold _____ Price _____

E. MISCELLANEOUS INFORMATION & CONCESSIONS

- 1. Estimated income loss from vacancies not compensated by lease: \$ _____
- 2. Actual loss of income from bad accounts: \$ _____
- 3. If there is a major tenant which occupies a part of or the entire property please complete the following:
 Name of tenant _____
 Total Sq. Ft. of lease area _____
 Date lease commenced _____
 Duration of lease _____
 Annual rent _____
 Responsibility for normal operating expenses: Owner or tenant _____
 Responsibility for insurance: Owner or tenant _____
 Other provisions or modifications _____
- 4. If the owner or management occupies space on a rent-free basis, please identify the amount of space assigned:
 Space: _____ (square feet)
- 5. Submit copy of lease summary or actual lease between owner and any tenant which has a lease duration period of longer than five years (from commencement date of lease).
- 6. **Is this property required to be held for, or used as, parking or open space for any neighboring property, either improved or unimproved?** Yes No
- 7. Has there been an appraisal on this property in the last five years? Yes No
 If yes, appraiser's estimate of value? \$ _____ Date of value _____

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