



DEPARTMENT OF REAL ESTATE ASSESSMENTS

2100 Clarendon Blvd., Suite 611 Arlington, VA 22201  
TEL 703.228.3920 www.arlingtonva.us

TO WHOM IT MAY CONCERN:

The Department of Real Estate Assessments is collecting and analyzing information for the annual reassessment of real estate. Comparable sales, replacement cost data, and income and expense information will be used to make fair market value assessments of properties in Arlington County.

The accompanying survey has been designed for the analysis of income-producing properties. The information will be used to determine the ranges of operating characteristics and the investment criteria present in the marketplace for income-producing real estate.

This request is made by the authority of the Constitution of Virginia and the Code of Virginia. The income and expense information which is provided will be kept confidential according to Section 58.1-3 of the Code of Virginia. ***If there is willful failure to furnish statements of income and expenses in a timely manner to the director, the owner of such parcel of real estate shall be deemed to have waived his or her right in any proceeding contesting the assessment to utilize such income and expenses as evidence of fair market value. (Code of Virginia 15.2-716).***

All income and expense statements must be certified with the signature of the owner, an officer of the corporation, or the duly authorized agent of the owner. If the statement is certified by an agent, an express authorization from the owner to do so must be submitted with the statement.

This request for information is not limited to income and expenses but extends to all things that affect the value of the subject property including, but not limited to, structural defects, physical conditions, lease terms, etc. Please describe these and provide any supporting documentation in 8 ½ X 11 format. Please submit the signed form with any supporting documents to the Department of Real Estate Assessments by April 15, 2010.

If you have any questions, or wish to discuss the survey form with a member of the assessment staff, please call (703) 228-3920 between 8:00 AM and 5:00 PM Monday through Friday.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas L. Rice".

Thomas L. Rice, Director

TLR/wv  
Enclosure



\*\*\* CONFIDENTIAL \*\*\*



ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF REAL ESTATE ASSESSMENTS
2100 CLARENDON BOULEVARD, SUITE 611
ARLINGTON, VIRGINIA 22201
(703) 228-3920

E-Mail: realog2@arlingtonva.us

Website: www.arlingtonva.us

COMPLETE AND RETURN TO ABOVE ADDRESS BY APRIL 15, 2010

APARTMENT PROPERTY INCOME AND EXPENSE QUESTIONNAIRE

ALL INFORMATION REQUESTED IS PURSUANT TO THE CONSTITUTION OF VIRGINIA AND THE TAX CODE OF VIRGINIA AND ALL DATA FURNISHED WILL REMAIN CONFIDENTIAL IN ACCORDANCE WITH 58.1-3 OF THE CODE OF VIRGINIA. IF THERE IS WILLFUL FAILURE TO FURNISH STATEMENTS OF INCOME AND EXPENSES IN A TIMELY MANNER TO THE DIRECTOR, THE OWNER OF SUCH PARCEL OF REAL ESTATE SHALL BE DEEMED TO HAVE WAIVED HIS OR HER RIGHT IN ANY PROCEEDING CONTESTING THE ASSESSMENT TO UTILIZE SUCH INCOME AND EXPENSES AS EVIDENCE OF FAIR MARKET VALUE. (CODE OF VIRGINIA 15.2-716)

List all RPC's included in this statement:

Name of Project:

Accounting period: FROM: (Mo.) (Yr.) TO: (Mo.) (Yr.)

Property Address:

Name of Owner:

Mgt. Firm or Agent:

Address:

No. Street Suite

City State Zip

Does the Management Company have an ownership interest in the property? (Explain)

Are any operating expenses paid to persons with an ownership interest? Explain:

NOTE: Income and Expense information provided will not be considered valid unless signed and dated by owner or officer of the corporation or an authorized agent as requested below. IMPORTANT: AGENTS AND PROPERTY MANAGERS MUST ATTACH EXPRESS WRITTEN AUTHORITY FROM OWNER TO SIGN THIS FORM.

ALL OF THE INFORMATION PROVIDED HEREIN HAS BEEN EXAMINED BY ME AND IS TRUE, CURRENT, AND COMPLETE, TO THE BEST OF MY KNOWLEDGE

Name (Please Print or Type) Signed (Owner or Authorized Agent)

Title: (Owner or Authorized Agent) Company:

Telephone: ( ) Date:

DATE DREA RECEIVED

DATE RECORD ENTRY

TYPE OF PROJECT: \_\_\_\_\_

**Are services/appliances included in rent?**

<b>Utilities:</b>	<b>Yes</b>	<b>No</b>		<b>Furnishings:</b>	<b>Yes</b>	<b>No</b>
Electricity	_____	_____		Carpet	_____	_____
Electric Heat	_____	_____		Drapes	_____	_____
Electric Hot Water	_____	_____		Central Air	_____	_____
Gas	_____	_____		Dishwasher	_____	_____
Gas Heat	_____	_____		Washer	_____	_____
Gas Hot Water	_____	_____		Dryer	_____	_____
				<b>Parking</b>		
				Garage	_____	_____
				Surface	_____	_____
<b>Facilities:</b>	<b>Yes</b>	<b>No</b>				
Security Service	_____	_____	_____			
Pool	_____	_____	_____			
Tennis	_____	_____	_____	<b>Commercial Space</b>		
Laundry Room	_____	_____	_____	Office _____	sf \$ _____	rent/mo. _____
Maid/Linen Serv.	_____	_____	_____	Retail _____	sf \$ _____	rent/mo. _____
Other (List)	_____	_____	_____			

**\*\*\*INCOME AND EXPENSE INFORMATION\*\*\***

**INCOME**

**GROSS POSSIBLE RENTS @ 100% OCCUPANCY (for the accounting period)**

I 01	Rents -- Apartments .....	\$ _____
I 02	Rents -- Office .....	_____
I 03	Rents -- Retail.....	_____
I 04	Rents -- Garage Prk .....	_____
I 05	Rents -- Other (Identify).....	_____
	SUBTOTAL.....	\$ _____
I 06	Miscellaneous Income (Explain) .....	_____
	.....	_____
	<i>(Exclude Interest Income from Investments)</i>	
	<b>GROSS POSSIBLE INCOME .....</b>	<b>\$ _____</b>
	<b>LESS ACTUAL:</b>	
I 07	Vacancies .....	_____
I 08	Rent Loss (Give Details) .....	_____
I 09	Rent Concessions (Give Details).....	_____
	<b>EFFECTIVE GROSS INCOME: .....</b>	<b>\$ _____</b>
	<i>(Total Actual Collections)</i>	

**EXPENSES**

E 01	Electricity .....	_____
E 02	Water & Sewer .....	_____
E 03	HVAC Fuel:	
	Gas .....	_____
	Oil .....	_____
	<b>SUBTOTAL UTILITIES .....</b>	<b>\$ _____</b>
E 04	Janitorial Payroll or Contract.....	_____
E 05	Cleaning Supplies .....	_____
E 06	Miscellaneous Janitorial.....	_____
	<b>SUBTOTAL JANITORIAL .....</b>	<b>\$ _____</b>
E 07	Maint. & Repair Payroll .....	_____
E 08	Maintenance Supplies .....	_____
E 09	HVAC Repairs.....	_____
E 10	Electric Repairs .....	_____
E 11	Plumbing Repairs.....	_____
E 12	Elevator Repairs/Maint.....	_____
E 13	Exterior Repairs .....	_____
E 14	Roof Repairs .....	_____
E 15	Decorating: (Tenant/Public Space) .....	_____
E 16	Parking Lot/Garage Repairs .....	_____
E 17	Miscellaneous Repairs (specify).....	_____
	<b>SUBTOTAL MAINTENANCE AND REPAIR....</b>	<b>\$ _____</b>
E 18	Administrative Payroll .....	_____
E 19	Advertising.....	_____
E 20	Management Fee .....	_____
E 21	Leasing Commissions.....	_____
E 22	Legal & Accounting Fees.....	_____
E 23	Other Admin Costs (give details).....	_____
E 24	Telephone .....	_____
E 25	Payroll Taxes.....	_____
E 26	Employee Benefits .....	_____
	<b>SUBTOTAL ADMINISTRATIVE EXPENSES...</b>	<b>\$ _____</b>
E 27	Landscaping .....	_____
E 28	Trash Removal.....	_____
E 29	Security (Contract/Payroll).....	_____
E 30	Snow Removal .....	_____
E 31	Window Washing .....	_____
E 32	Exterminating.....	_____
E 33	Miscellaneous Serv (give details).....	_____
	<b>SUBTOTAL SERVICES.....</b>	<b>\$ _____</b>
E 33	Property Insurance.....	_____
E 34	Business Tangible Tax .....	_____
E 35	Business License .....	_____
	<b>SUBTOTAL INSURANCE &amp; TAX .....</b>	<b>\$ _____</b>
	<b>TOTAL OPERATING COSTS .....</b>	<b>\$ _____</b>
E 36	Real Estate Taxes.....	\$ _____
E 37	Renovations/Capital Improvements .....	\$ _____

**APARTMENT RENTALS:**

Please include all units, such as units used for rental office, models, furnished units and office/retail. List those units occupied by resident staff as part of their salary.

\*If the project is operating under one of the Federal Housing Subsidy Programs, please attach the subsidized rent schedule and the corresponding specified fair market rent. Use additional sheets (8 1/2 x 11), if necessary, and include any items not listed that you feel may be important.

*Please specify type of subsidy:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

UNIT MIX	NO. OF UNIT	SQ FT FLOOR AREA	NO. OF BATHS	CURRENT RENT RANGE/MO		EFFECTIVE DATE
				From	To	
EFFICIENCY						
1 BR						
1 BR + Den						
2 BR						
2 BR + Den						
3 BR						
3 BR + Den						

**CURRENT CONCESSIONS/ABATEMENTS (EXPLAIN)**
