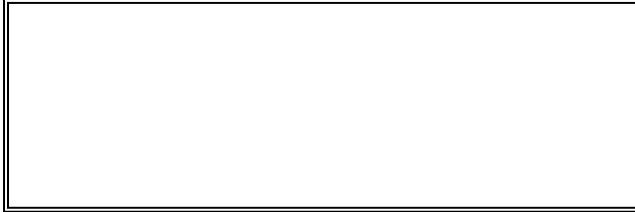




Town of Abington
Board of Assessors
500 Gliniewicz Way
Abington, MA 02351
Date: 2/17/2015

All information supplied is confidential and protected from public disclosure. [CH 59 S52B] Return this form within sixty (60) days.



Dear Taxpayer:

The Board of Assessors has begun the process of reviewing all property assessments for Fiscal Year 2016 to determine if an adjustment of property values is necessary.

The information you provide on the enclosed form will be used to establish income and expense schedules for income-producing properties in the community. These schedules will become the basis for utilizing the income approach as one of the appraisal approaches to value. It will be considered with all other information gathered in order to establish uniform guidelines to be equitably applied throughout the Town.

It is imperative that you return this form to the Board of Assessors within sixty (60) days.

Mass General Law states that failure to respond timely and accurately to this information request within 60 days of the postmarked date shall cause you to lose your right to appeal your assessment, and will be seen as automatic grounds for dismissal if filing a case with the Appellate Tax Board. The law further states that failure to provide the requested information can result in a penalty of \$50 for class one residential property or \$250 for class three commercial and class four industrial property, to be assessed for the next ensuing tax year.(M.G.L. Ch. 59, Sec. 38D).

You may submit your own rental and expense schedule, if you prefer, as long as it contains all information requested and lease information is itemized by tenant and includes the lease period dates (please attach Assessor's form so we can properly identify the property). The form should be completed according to the following guidelines:

1. The assessment date is January 1, 2015. Therefore, all information should be based on information from Calendar Year 2014.
2. All leases should be individually listed by tenant. Do not summarize the information.
3. **If the property is "owner occupied"**, state so on the "Lease/Rental page" and fill out the operating expense section.
4. If the property is regulated, please submit the applicable standard government forms.
5. Please submit any other information such as building data, property condition, recent appraisal information, etc., that may be helpful in establishing a fair and equitable assessment of the property. Attach additional sheets if necessary.
6. Please be sure to sign and date each page as indicated.

YOUR COOPERATION IS GREATLY APPRECIATED!

PLEASE RETURN THESE FORMS NO LATER THAN APRIL 17, 2015

To return this form you may:

- Mail it back to the address above
- Drop it off at the Assessors Office at the Town Hall
- Fax all pages/sides to 781-982-2121, attention Assessors (please call our office to verify receipt)
- Email all pages/sides to JPistorino@abingtonma.gov

Mixed Use Property ~ Rental Income Statement

| | | |
|---------------------------|-----------------------|-------------|
| Parcel ID: | Calendar Year: | 2014 |
| Property Location: | | |

Commercial Lease Information: Please provide information on current leases as of January 1st.

| | | | | | Lease Terms | | | |
|-------------|-------------|---------------|-----------------------|-------------------------|-------------|--------------------|---------------|-----------------------|
| Floor Level | Tenant Name | Type of Space | Leased Area (Sq. ft.) | Rent per SF on Jan. 1st | Annual Rent | Start Date (Mo/Yr) | Term in years | Basis Gross, Net, NNN |
| | | | | \$ | \$ | | | |
| | | | | \$ | \$ | | | |
| | | | | \$ | \$ | | | |
| | | | | \$ | \$ | | | |
| | | | | \$ | \$ | | | |
| | | | | \$ | \$ | | | |
| | | | | \$ | \$ | | | |
| | | | | \$ | \$ | | | |
| | | | | \$ | \$ | | | |
| | | | | \$ | \$ | | | |

Residential Rental Information: Please provide the following rental information.

| The effective reporting date is January 1st. | | | | Rent Incentives | | Lease Terms | | | |
|--|------------------|----------------|-------------|-----------------|------------------|--------------------------|------------|-------------|--------------|
| Unit Type | Total # of Units | Rent per Month | Annual Rent | Free Rent | Free # of Months | Lease Start Date (Mo/Yr) | Heat (Y/N) | Elect (Y/N) | Lease or TAW |
| Studio | | \$ | | \$ | | | | | |
| | | \$ | | \$ | | | | | |
| One Bedroom | | \$ | | \$ | | | | | |
| | | \$ | | \$ | | | | | |
| Two Bedroom | | \$ | | \$ | | | | | |
| | | \$ | | \$ | | | | | |
| Three Bedroom | | \$ | | \$ | | | | | |
| | | \$ | | \$ | | | | | |
| Four Bedroom | | \$ | | \$ | | | | | |
| | | \$ | | \$ | | | | | |
| Weekly | | \$ | | \$ | | | | | |
| | | \$ | | \$ | | | | | |

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: _____ Title: _____ Phone: _____

Signature: _____ Date: _____

Annual Expenses for All Property Uses

| Parcel ID: Location: | | | Expenses for Calendar Year: | | 2014 | |
|-----------------------------|--------------------|------------------|--------------------------------|--------------------|------------------|--|
| | Landlord Amount | Tenant Amount | | Landlord Amount | Tenant Amount | |
| Management & Administrative | | | Maintenance & Cleaning | | | |
| Management Wages or Fee | \$ | \$ | Wages | \$ | \$ | |
| Legal & Accounting | \$ | \$ | Supplies | \$ | \$ | |
| Security Wages | \$ | \$ | Maint. Service Contract Fee | \$ | \$ | |
| Payroll | \$ | \$ | Grounds Keeping | \$ | \$ | |
| Group Insurance | \$ | \$ | Rubbish Removal | \$ | \$ | |
| Telephone | \$ | \$ | Snow Removal | \$ | \$ | |
| Advertising | \$ | \$ | Exterminator | \$ | \$ | |
| Commissions | \$ | \$ | Other | \$ | \$ | |
| Other | \$ | \$ | | \$ | \$ | |
| Total | \$ | \$ | Total | \$ | \$ | |
| Repairs & Alterations | | | Capital Improvements | | | |
| Exterior | \$ | \$ | Description | | | |
| Interior | \$ | \$ | | \$ | \$ | |
| Mechanical | \$ | \$ | | \$ | \$ | |
| Electrical | \$ | \$ | | \$ | \$ | |
| Plumbing | \$ | \$ | | \$ | \$ | |
| Total | \$ | \$ | Total | \$ | \$ | |
| Utilities | | | Other Expenses | | | |
| Electricity | \$ | \$ | Real Estate Taxes | \$ | \$ | |
| Gas | \$ | \$ | Reserve for Replacement | \$ | \$ | |
| Oil | \$ | \$ | Apartments for Employees | \$ | \$ | |
| Water | \$ | \$ | Insurance (1 yr. Premium) | \$ | \$ | |
| Sewer | \$ | \$ | | \$ | \$ | |
| Total | \$ | \$ | Total | \$ | \$ | |
| Comments: | | | | | | |

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: _____ Title: _____ Phone: _____
 Signature: _____ Date: _____