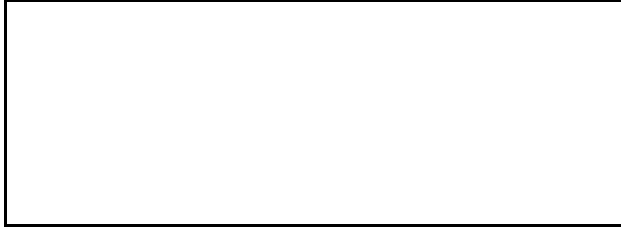


**Official Request  
INCOME AND EXPENSE SURVEY**

City of Manassas Park, Virginia  
Office of the City Assessor  
703-335-8811



**RETURN TO:**  
OFFICE OF THE CITY ASSESSOR  
1 PARK CENTER COURT  
MANASSAS PARK VA 20111-2395

Dear Property Owner:

The Office of the City Assessor is in the process of collecting and analyzing information for the annual reassessment of real estate located in the City of Manassas Park. 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 information for any income-producing properties for calendar year 2008. All information submitted will be kept confidential under the requirements of Code of Virginia Section 58.1-3.

If the property producing income has fewer than five residential dwelling units or the property is used exclusively as an owner-occupied property, you need not complete the form except to: (1) note the number of residential dwelling units or state that the property is exclusively owner-occupied; and (2) complete the certification under item A of the survey.

This survey form is to be completed by the property owner or a duly authorized agent and returned to the Office of the City Assessor, or postmarked by the U.S. Postal Service or delivery-marked by other delivery services by August 21, 2009.

Income and expense information related to calendar year 2008 that you may have previously provided to the Office of the City Assessor or to the Manassas Park Board of Equalization as part of a review or appeal, must be resubmitted at this time to satisfy this request.

**Failure to provide this information as requested will prevent the property owner from challenging the real estate assessment to the Office of the City Assessor, Board of Equalization, and Prince William County Circuit Court based upon the income and expenses attributed to the property for the assessment year affected.**

The income information requested by the Commissioner of Revenue in regard to business licenses is not associated with this request.

Sincerely,

Richard L. Sanderson  
City Assessor

**Apartment Survey**

**A. CERTIFICATION**

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

Building Name \_\_\_\_\_

Property Location Address \_\_\_\_\_

Owner(s) Name(s) \_\_\_\_\_

All information including the accompanying schedules and statements have been examined by me  
and to the best of my knowledge and belief are true, correct, and complete.

Name of Owner \_\_\_\_\_ Name of Owner \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Owner's Signature \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative: \_\_\_\_\_  
Management Firm/Agent \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_

**B. ANNUAL INCOME (CY 2008)**

- 1. Gross potential income from rentals (assumes 100% occupancy):
  - a. Market rent ..... \_\_\_\_\_
  - b. Basement & storage space ..... \_\_\_\_\_
  - d. Parking and other rental space ..... \_\_\_\_\_
- 2. Miscellaneous income:
  - a. Reimbursements for operating expenses ..... \_\_\_\_\_
  - b. Reimbursements for tenant improvements ..... \_\_\_\_\_
  - c. Sale of utilities or services ..... \_\_\_\_\_
  - d. Coin laundry (contract?  or owner-managed? ) ..... \_\_\_\_\_
  - e. Forfeited deposits ..... \_\_\_\_\_
  - f. Pet income ..... \_\_\_\_\_
  - g. Interest income on security deposits ..... \_\_\_\_\_
  - h. Interest subsidy (HUD 236 Programs) ..... \_\_\_\_\_
  - i. Income from furniture/appliance rentals ..... \_\_\_\_\_
  - j. Other (specify) ..... \_\_\_\_\_
- 3. Vacancy & collection loss:
  - a. Income loss due to vacancy ..... \_\_\_\_\_
  - b. Income loss due to concessions ..... \_\_\_\_\_
  - c. Income loss due to collection loss ..... \_\_\_\_\_
- 4. Total Effective Gross Income (sum of items B1 – B3):..... \_\_\_\_\_

**C. ANNUAL OPERATING EXPENSES (CY 2008)**

1. Expenses:
- a. Real estate taxes /1 .....
  - b. Property insurance (annual) .....
  - c. Tenant electric .....
  - d. Building electric.....
  - e. Tenant water & sewer.....
  - f. Building water & sewer.....
  - g. Tenant gas.....
  - h. Building gas .....
  - i. Repairs & maintenance /2
    - Exterior.....
    - Interior .....
    - Pool .....
    - Parking lot .....
  - j. Management fee .....
  - k. Leasing commissions .....
  - l. Services
    - Security .....
    - Grounds maintenance .....
    - Trash removal .....
    - Snow removal .....
  - m. Other expense(s) /3 .....
2. Total Operating Expenses (sum of items C1a through C1m): .....
3. Net Operating Income (Section B, line 4 less Section C, line 2) ..

**D. VACANCY AND MISCELLANEOUS INFORMATION**

- 1. Vacant rental units as of December 31, 2007: \_\_\_\_\_ units
- 2. Vacant rental units as of December 31, 2008: \_\_\_\_\_ units
- 3. Total rental units for subject property: \_\_\_\_\_
- 4. Estimated income loss from vacancy during CY 2008: \$ \_\_\_\_\_
- 5. Asking rental amount for vacant space during CY 2008: \$ \_\_\_\_\_ per sq. ft. of floor area/ year or month

If applicable, please complete the following:

- 7. Is this property a participant in a subsidized housing program? If yes, please specify program name and number of apartment units affected \_\_\_\_\_
- 8. Cost of concessions (e.g., moving allowance, free parking, free rent for specified period of time, allowance for tenant improvement items, etc.) \$ \_\_\_\_\_
- 9. Cost of capital improvements or renovations and remodeling to property during CY 2008 \$ \_\_\_\_\_
- 10. Has there been an appraisal of the subject property in the last 5 years?  Yes  No  
If yes, appraiser's estimate of market value \$ \_\_\_\_\_ effective date of value \_\_\_\_\_.
- 11. Sales information: Date acquired \_\_\_\_\_ Purchase Price \_\_\_\_\_  
Date sold \_\_\_\_\_ Sale Price \_\_\_\_\_

**E. PROPERTY DESCRIPTION**

Please include all units and list units separately occupied by residential staff as part of their salaries, space used for rental offices, commercial tenants, or model units. Current rent is the "new tenant" schedule in effect as of the date this form is signed.

Type of Unit	Number of Units	Sq. Ft. Rental Floor Area Per Unit	"Per Unit" Number of		"New Tenant" Monthly Rent			
			Rooms	Baths	Prior Rent*	Effective Date	Current Rent*	Effective Date

\*Note: If this apartment community is operating under a Federal Housing Subsidy Program, enter the Subsidized Rent Schedule in the "Prior Rent" column and the Fair Market Rent in the "Current Rent" column.

Please check appliances and services included in the rent:

- Heat       Utilities       Swimming pool       Club house
- Furniture    Cable TV       Covered Parking       Other (specify) \_\_\_\_\_

**Notes:**

- /1 Real estate taxes, although an operating expense, are reflected for assessment purposes by an increase in the capitalization rate, instead of a net operating income reduction.
- /2 Enter total cost of maintenance expenses, except improvements which are to be reported in Section D. line 8. Include maintenance expenses that are reimbursed by tenants as these will be offset by miscellaneous income from reimbursement for maintenance reported in Section B, line 2b.
- /3 If there are expenses that are not listed above, include them here and attach an additional sheet, or sheets, that identifies the type of expense and who pays it.