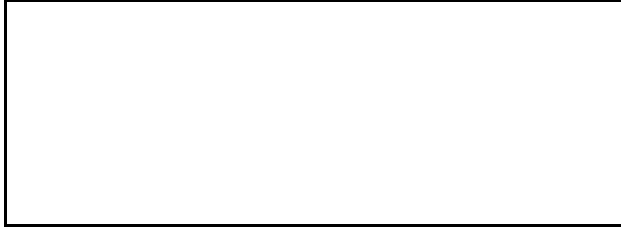


**Official Request
INCOME AND EXPENSE SURVEY**

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 is used exclusively as an owner-occupied property, you need not complete the form except to note that the property is exclusively owner-occupied and 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

Vacant Land/Parking Lot 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. Rental potential income _____
- 2. Rental potential income – tax escalation charges _____
- 3. Vacancy and collection loss _____
- 4. Insurance reimbursements for any losses _____
- 5. Miscellaneous income _____
- 6. Gross Income (from all sources) _____

C. ANNUAL OPERATING EXPENSES (CY 2008)

Paid By:	Owner	Tenant	Amount/Year
1. Expenses:			
a. Real estate taxes /1	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Property insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Tenant electric	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Parking lot repairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Trash removal	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Security	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Snow removal	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Advertising			_____
k. Management fee			_____

(Annual Operating Expenses continued from previous page)

l. Other administrative costs (specify) _____
m. Payments to ground rents _____

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. Estimated income loss from vacancies not compensated by lease: \$ _____

2. Actual loss of income from bad debts (CY 2008) \$ _____

3. If the owner or management occupies space on a rent-free basis, please identify the amount of space assigned: _____ sq. ft.

4. Is the property required to be held for, or used as, parking or open space for any neighboring property, either improved or unimproved? ___ Yes ___ No.

If applicable, please complete the following:

5. 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 _____.

6. Sales information: Date acquired _____ Purchase Price _____
Date sold _____ Sale Price _____

Note:

/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.