



The City of Dover

Annual Income and Expense Report

**REPORT DUE
DECEMBER 31, 2004**

RETURN TO:
Assessor's Office
The City of Dover
P.O. Box 475
Dover, DE 19903-0475

TEL • (302) 736-7022
FAX • (302) 736-4450

Delaware Laws Title 9, Chapter 83, § 8319 requires all owners of real property to deliver an account of real property owned by him and such other information as required. The Annual Income and Expense Report is considered **CONFIDENTIAL** and will not be released to the general public.

FILING INSTRUCTIONS

- **Who should file:** All individuals and businesses receiving this form should complete and return it to the Assessor's Office.
- **Owner-occupied properties.** If your property is 100% owner-occupied, you need only return this form indicating that the owner of the real estate and the owner of the business occupying the real estate are exactly the same; and that no lease exists and no rental payments are being made (including payment of the mortgage) by the business occupying the real estate. Real estate occupied by a business and owned by a principal of the business are not owner-occupied properties and must complete the form in full.
- **Owners of multiple properties.** A separate report must be filed for each property in The City of Dover. An income and expense report summary page and the appropriate income schedule must be completed for each rental property.

GENERAL INSTRUCTIONS: All information should be for the calendar year 2003.

- Correct any ownership or property information shown that is incorrect.
- Complete questions 1 through 6
- Complete **Rental Information for 2003** (non-apartment spaces)
- Complete **Apartment Rental Information for 2003**
- Complete **Expense Information for 2003**

Rental Information for 2003 (non-apartment spaces) **INSTRUCTIONS:** provide non-residential rental information. A computer printout is acceptable, providing all the required information is provided.

- **Escalation** is the amount, in dollars, of adjustment to base rent either pre-set or tied to an inflation index. If an option provision or base rent increase provision is in the lease indicate the percentage or increment and time period. **Common Area Maintenance** is income received from charges to tenant for common area maintenance, or other income received from the common area property. **OVERAGE** is an additional fee or rental income usually based on a percent of sales or income.
- **PARKING:** Indicate the number of parking spaces and annual rent for each tenant, include spaces or areas leased or rented to a tenant as a concession.
- **INTERIOR FINISH:** Indicate whether tenant or owner provided interior finish and at what cost.

Apartment Rental Information for 2003 INSTRUCTIONS: provide residential rental information. A computer printout is acceptable providing all the required information is provided.

Return the Income & Expense Report on or before December 31, 2004.

- Complete and return the form to the Dover Assessor's Office on or before December 31, 2004. There is a deadline for returning this form. If you have any questions, please call the Assessor, Jerome Cooper, at (302) 736-7022.

RETURN THE INCOME & EXPENSE REPORT ON OR BEFORE DECEMBER 31, 2004

NOTE: This form is available on the City's website www.cityofdover.com

2003 Commercial/Industrial Schedule

Owner _____

Mailing Address _____

Property Address _____

City / State/ Zip _____

Parcel ID _____

Please draw a line through any incorrect information above and print the correct information.

1. As owner of the above property did you also occupy it in the year 2003? <input type="checkbox"/> YES <input type="checkbox"/> NO Name of your company occupying the property _____ You do not need to complete any other questions, <i>if</i> you answered YES to question 1 and the property is 100% owner-occupied and no rental amounts (including payment of the mortgage) are paid by the owner's company occupying the property. Just sign this form on page 3 and return this form to the Assessor's Office, P.O. Box 475, Dover, DE 19903-0475 no later than December 31, 2004.
2. Did you own the above property for all of the calendar year 2003? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO to question 2 you do not need to complete any other questions. Just sign this form on page 3 and return this form to the Assessor's Office, P.O. Box 475, Dover, DE 19903-0475 no later than December 31, 2004
3. Did you purchase the above property within the last two years? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered YES to question 3 complete 3a and 3b below. If you answered NO to question 3 skip 3a & 3b and go to question 4 . 3a Date of Purchase ____ / ____ / ____ Purchase Price \$ _____ Down Payment \$ _____ First Mortgage \$ _____ Interest Rate _____ % Payment Term _____ years <input type="checkbox"/> Fixed <input type="checkbox"/> Variable Second Mortgage \$ _____ Interest Rate _____ % Payment Term _____ years <input type="checkbox"/> Fixed <input type="checkbox"/> Variable 3b Did the purchase price include a payment for any of the following? If yes give amount of item below. <input type="checkbox"/> YES <input type="checkbox"/> NO Furniture \$ _____ Equipment \$ _____ Other (specify) \$ _____ - _____
4. Has the property been listed for sale in the last two years? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered YES give: Asking price: \$ _____ Date listed: ____ / ____ / ____ Broker: _____
5. Has the property been appraised in the last two years? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered YES give: Appraised value: \$ _____ Appraisal date: ____ / ____ / ____ Appraiser: _____
6. Remarks: Please explain any special circumstances or reasons concerning your purchase (i.e. vacancy, conditions of sale, etc.) _____ _____

Rental Information for 2003 (non-apartment spaces)	Unit 1	Unit 2	Unit 3	Unit 4
Name of Tenant (commercial tenants only not apartments)				
Location of Space (first floor, second floor or unit address)				
Size of Space				
Lease Term				
Start				
End				
Annual Rent				
Base				
Escalation				
Common Area Maintenance				
Overage				
TOTAL				
Total per Square Foot				
Parking				
Number of Spaces				
Annual Rent				
Interior Finish				
Property owner's cost				
Tenant's cost				

2003 Commercial/Industrial Schedule

Owner _____

Mailing Address _____

Property Address _____

City / State/ Zip _____

Parcel ID _____

Rental Information for 2003 (non-apartment spaces)	Unit 5	Unit 6	Unit 7	Unit 8
Name of Tenant (commercial tenants only not apartments)				
Location of Space (first floor, second floor or unit address)				
Size of Space				
Lease Term				
Start				
End				
Annual Rent				
Base				
Escalation				
Common Area Maintenance				
Overage				
TOTAL				
Total per Square Foot				
Parking				
Number of Spaces				
Annual Rent				
Interior Finish				
Property owner's cost				
Tenant's cost				

Complete this section if the property also has apartment rents.

Apartment Rental Information for 2003	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6
Number of rooms						
Number of bedrooms						
Number of bathrooms						
Unit size						
Typical lease term: (month to month, year)						
Total number of months rented in 2003						
How often is rent collected (weekly, monthly)						
Amount of rent collected per collection						
Features included in rent check all that apply						
Heat						
Electricity						
Water/Sewer						
Trash collection						
Dishwasher						
Stove/Refrigerator						
Air conditioning						
Garbage disposal (kitchen sink food disposal)						
Off-street parking (give number of spaces)						
Garage parking (give number of spaces)						
Furnished Unit						
Other features (specify i.e. security, laundry facilities, pool etc.)						
Other Income (specify i.e. laundry facilities, parking etc.)						

2001 Commercial/Industrial Schedule

Owner _____
Mailing Address _____ **Property Address** _____
City / State/ Zip _____ **Parcel ID** _____

Expense Information for 2003:

Heating/Air conditioning	\$ _____
Electricity	\$ _____
Water	\$ _____
Sewer	\$ _____
Trash Collection	\$ _____
Payroll (except management, repair & decorating)	\$ _____
Supplies	\$ _____
Management	\$ _____
Insurance	\$ _____
Common area maintenance	\$ _____
Leasing fees/Commissions/Advertising	\$ _____
Legal/Accounting	\$ _____
Tenant Improvements	\$ _____
General repairs	\$ _____
Security	\$ _____
Other (specify)	\$ _____
Other (specify)	\$ _____
Other (specify)	\$ _____
Capital expenses (specify)	\$ _____
Real estate taxes	\$ _____
Mortgage payment (principle and interest)	\$ _____

I do hereby declare under penalties of false statement that the foregoing information, according to the best of my knowledge, remembrance and belief, is a complete and true statement of all the income and expenses attributable to the above-identified property.

 Signature Print Name Date

 Title Telephone

RETURN TO THE ASSESSOR ON OR BEFORE DECEMBER 31, 2004

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