

INCOME AND EXPENSE QUESTIONNAIRE – CITY OF FRAMINGHAM, MA
APARTMENT TYPE PROPERTIES
FOR 12 MONTHS ENDING DECEMBER 31, 2024

Please return within 60 days to:
 City of Framingham - Board of Assessors
 150 Concord St – Room 101
 Framingham, MA 01702

NOTE: SIGNATURE IS REQUIRED ON SECOND PAGE

Owner: Parcel Map and Lot:
 Owner: Parcel Location:
 Mailing address: Use Code:
 Mailing Address:
 City: State: Zip:

SECTION I: GENERAL DATA

Gross Building Area in SF:	Number of Rentable Units including owner's:	
Number of Rented Units:	Total Parcel Land Area:	
Owner Occupied Units:	Building Age:	

SECTION II: INCOME AND LOSS TOTALS FOR CALENDAR YEAR 2024

Enter annual incomes on Lines 1 through 7 **AS IF FULLY RENTED**.
 Calculate Vacancy Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 8 if difference is due to vacancy**.
 Calculate Concession Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 8 if difference is due to concessions**.
 Other Income (Lines 6 and 7) includes items such as: cell towers, vending, laundry, parking, billboards etc. Describe and enter.

1. Total Studio Units Rental Income: (Annual rent as if fully rented)	
2. Total 1 Bedroom Units Rental Income: (Annual rent as if fully rented)	
3. Total 2 Bedroom Units Rental Income: (Annual rent as if fully rented)	
4. Total 3 Bedroom Units Rental Income: (Annual rent as if fully rented)	
5. Total 4 Bedroom Units Rental Income: (Annual rent as if fully rented)	
6. Other Income: (Describe)	
7. Other Income: (Describe)	
8. Potential Gross Income: (Add 1 through 7)	
9. Loss due to Vacancy: See note above.	
10. Loss due to Concessions/Bad Debt: See note above.	
11. Total Collection Loss: (Add 9 and 10)	
12. Effective Gross Income (Subtract 11 from 8)	

SECTION III: EXPENSES FOR CALENDAR YEAR 2024

Please check if each item is paid by Owner or Tenant. If entering "Other", please describe.

Expense Type	Amount	O	T	Expense Type	Amount	O	T
1. Management Fee				20. Maintenance Contract Fee			
2. Legal/Accounting				21. Maintenance Supplies			
3. Security				22. Maintenance Groundskeeping			
4. Payroll				23. Maintenance Trash Removal			
5. Group Insurance				24. Maintenance Snow Removal			
6. Telephone				25. Maintenance Exterminator			
7. Advertising				26. Maintenance Elevator			
8. Commissions				27. Insurance (1 Year Premium)			
9. Repairs Exterior				28. Reserves for Replacement			
10. Repairs Interior				29. Travel			
11. Repairs Mechanical				30. Other			
12. Repairs Electrical				31. Other			
13. Repairs Plumbing				32. Other			
14. Utilities Gas				33. TOTAL (Add 1 through 32)			
15. Utilities Oil				34. Real Estate Taxes			
16. Utilities Electricity							
17. Utilities Water							
18. Utilities Sewer							
19. Maintenance Wages							

SECTION IV: INCOME RENT ROLL FOR CALENDAR YEAR 2024

Please enter annual rent **AS IF FULLY RENTED.**

Please calculate vacancy by subtracting **ACTUAL RENT FROM ANNUAL RENT RECEIVED.**

Please indicate as to whether heat and/or electricity are included in the rent. (Y/N)

A printout of current Rent Roll is acceptable. Please record # of bedrooms for each unit.

If this apartment receives some type of subsidy or other government assistance, in the form of rental assistance, interest assistance, or income tax credits, attach a separate sheet explaining the form and amount of the subsidy, a description of the subsidy program, and a description of any restrictions placed on the property by the subsidy program.

Tenant Name	# of BR'S	Unit #	Floor Level	Heat Included	Electric Included	Annual Rent 2024	Lease Type	Start Date	Term Years	Vacancy 2024
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										

UNIT COUNT SUMMARY

Type of units by bedroom count	Number of Units	Average Yearly Rent
Studio/Efficiency Units		
1 Bedroom Units		
2 Bedroom Units		
3 Bedroom Units		
4 Bedroom Units		
TOTAL Number of Units		--

SECTION V: SIGNATURE

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

Submitted by: (Please print) _____

Title: _____

Signature of owner or preparer: ... _____

Phone: _____

Date: _____