

**INCOME AND EXPENSE QUESTIONNAIRE – CITY OF FRAMINGHAM, MA**  
**MIXED USE 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:	
Net Leasable Area in SF:		Total Parcel Land Area:	
Owner Occupied Area in SF:		Building Age:	

**SECTION II: INCOME AND LOSS TOTALS FOR CALENDAR YEAR 2024**

Enter annual incomes on Lines 1 through 6 **AS IF FULLY RENTED**.

Calculate Vacancy Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 7** if difference is due to vacancy.

Calculate Concession Loss by subtracting **ACTUAL RENT RECEIVED** from **LINE 7** if difference is due to concessions.

Other Income (Lines 11 and 12) includes items such as: cell towers, vending, laundry, parking, billboards, etc. Describe and enter.

1. Total Office Rental Income: (Annual rent as if fully rented)	
2. Total Retail Rental Income: (Annual rent as if fully rented)	
3. Total Industrial/Warehouse/Garage Rental Income: (Annual rent as if fully rented)	
4. Total Apartment Rental Income: (Annual rent as if fully rented)	
5. Other Income: (Describe)	
6. Other Income: (Describe)	
7. Potential Gross Income: (Add 1 through 6)	
8. Loss due to Vacancy: (Loss due to vacancy) See note above.	
9. Loss due to Concessions/Bad Debt: (Loss due to concessions) See note above.	
10. Total Collection Loss: (Add 8 and 9)	
11. Effective Gross Income (Subtract 10 from 7)	

Expenses reimbursed by tenants <b>EXCLUDING RE TAX</b> :	
Expenses reimbursed by tenants <b>RE TAX ONLY</b> :	

**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 thru 32)			
15. Utilities Oil				34. Real Estate Taxes			
16. Utilities Electricity							
17. Utilities Water							

18. Utilities Sewer									
19. Maintenance Wages									

**SECTION IV: COMMERCIAL INCOME RENT ROLL FOR CALENDAR YEAR 2024**

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

Please calculate vacancies by subtracting **ACTUAL RENT FROM ANNUAL RENT.**

Please enter Lease Type "G" (GROSS), "N" (NET), "NN" (DOUBLE NET), "NNN" (TRIPLE NET), or "TAW" if Tenant at Will.

If this information is recorded on a separate sheet, please include it when returning this form.

Tenant Name	Use	Unit #	Floor Level	Leased Area (SF)	Annual Rent 2024	Lease Type	Start Date	Term Years	Vacancy 2024
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

**SECTION V: RESIDENTIAL INCOME RENT ROLL FOR CALENDAR YEAR 2024**

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

Please calculate vacancies by subtracting **ACTUAL RENT FROM ANNUAL RENT.**

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.										

**APARTMENT 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 VI: 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: ..... \_\_\_\_\_