

GENERAL PROPERTY INFORMATION		Parcel ID#: _____
Total Gross Building Area: _____	Total Retail Area: _____	
Net Rentable Area: _____	Total Office Area: _____	
Current Vacancy Rate: _____%	Total Warehouse Area: _____	

COMMERCIAL - RENTAL & OR LEASE DATA

Income				Escalation Clause			Rent Per Year		
Rental Sq. Ft. Area	Floor level	Tenant Name	Lease Length	Yes	Type	No	20__	20__	20__
				<input type="checkbox"/>		<input type="checkbox"/>	\$	\$	\$
				<input type="checkbox"/>		<input type="checkbox"/>	\$	\$	\$
				<input type="checkbox"/>		<input type="checkbox"/>	\$	\$	\$
				<input type="checkbox"/>		<input type="checkbox"/>	\$	\$	\$
				<input type="checkbox"/>		<input type="checkbox"/>	\$	\$	\$
				<input type="checkbox"/>		<input type="checkbox"/>	\$	\$	\$

A current rent roll and internal operating statements may be attached in lieu of completing the schedule(s) if they provide all of the information requested.

APARTMENT/HOTEL/MOTEL DATA (√ Appropriate Feature Included in Rent)

- Range Dishwasher Water Carpet Sewer Fireplace
 Refrigerator Disposal Electric Drapes Gas Washer/Dryer
 Heat

One Bedroom			Two Bedroom			Three Bedroom			_____ Bedroom		
# Units	# Bath	Rent	# Units	# Bath	Rent	# Units	# Bath	Rent	# Units	# Bath	Rent
		\$			\$			\$			\$
		\$			\$			\$			\$
		\$			\$			\$			\$
		\$			\$			\$			\$
		\$			\$			\$			\$

Hotel/Motel Average Daily Room Rate: \$ _____

Parking # _____ Covered Units at \$ _____ /m # _____ Uncovered Units at \$ _____ /m # _____ Garage Units at \$ _____ /m

Are any rents subsidized by federal/state programs? Yes No If yes, please provide details on a separate sheet(s).

INCOME	20__	20__	20__
Potential Gross Income (Building(s) Leased/Rented @ 100%)	\$	\$	\$
Actual Income	\$	\$	\$
Other Income	\$	\$	\$
Expense Reimbursement	\$	\$	\$
Collection Loss Rate (____)%	-\$	-\$	-\$
Vacancy Rate (____)%	-\$	-\$	-\$
Effective Gross Income	\$	\$	\$

Property Owner: _____

Property Address: _____

ID#: _____

Please return completed form to:
City of Neenah
Assessor's Office
PO Box 426
Neenah, WI 54957-0426
OR via email:
assessor@ci.neenah.wi.us

Please list expenses paid by the owner.

Are leases on a triple net basis? Yes ___ or No ___

OPERATING EXPENSES	20__	20__	20__
Management Fee	\$	\$	\$
Franchise Fee	\$	\$	\$
Administrative	\$	\$	\$
Advertising	\$	\$	\$
Minor Repairs	\$	\$	\$
Maintenance	\$	\$	\$
Utilities	\$	\$	\$
Supplies & Materials	\$	\$	\$
Payroll (Maintenance Employee etc.)	\$	\$	\$
Property Insurance	\$	\$	\$
Reserves for Replacement	\$	\$	\$
Miscellaneous (Snow Removal, Lawn Mowing, Etc.)	\$	\$	\$
Total Expenses (minus)	\$	\$	\$
Net Income Before Taxes & Recapture	\$	\$	\$
Current Real Estate Taxes	\$	\$	\$

A copy of your internal operating statements may be attached in lieu of completing the schedule(s) if they provide all of the information requested.

Market Data	Purchased Land Only For: \$ _____ in 20__	Purchased Land & Buildings For: \$ _____ in 20__	Land Size:
	Please indicate the amount, if any, of the purchase price paid for considerations other than real estate. Items _____ Amount \$ _____.		

Remodeling Data

Have you remodeled or made capital improvements in the last 5 years? _____. If yes, briefly describe and provide costs below.

New Construction Cost Totals

If within last two years. \$ _____

Signature, Owner, Mgt. or Agent.

Date

Telephone

Email