

# Rutherford County Income and Expense Questionnaire for Multi-Family Properties for Year 2017

Property Address: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Apartment Name: \_\_\_\_\_

Manager's Apartment Furnished? \_\_\_\_\_

Total Number of Apartments: \_\_\_\_\_

What Type: \_\_\_\_\_

Parcel: \_\_\_\_\_ Account: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Total of all Actual Rent Collected in 2016: \_\_\_\_\_  
Miscellaneous Income (vending, laundry, etc): \_\_\_\_\_

<u>Typical Leasing Term</u>	One Bedroom: _____
	Two Bedroom: _____
	Three Bedroom: _____

Rent Rolls or other information may be attached to this form. Income and expense information provided by a third party may be attached, but we request they be signed by the preparer. Thank you

Unit Mix:	No. of Apts.	No. of Baths	Fireplace Y or N	Washer & Dryer Hook-Up	Rent Per Month	Sq. Ft. Per Unit	1-Jan Number Vacant	Waiting List
Efficiency								
ONES								
ONES								
TWOS								
TWOS								
THREES								
THREES								

- 1 Property Management Fee \_\_\_\_\_
- 2 Accounting and Legal Fees \_\_\_\_\_
- 3 Repairs and Maintenance \_\_\_\_\_
- 4 Interior Painting \_\_\_\_\_
- 5 Trash Removal \_\_\_\_\_
- 6 Lawn Care - Landscaping \_\_\_\_\_
- 7 Pest Control \_\_\_\_\_
- 8 Utilities \_\_\_\_\_ Furnished Y/N
- 8a Electric \_\_\_\_\_
- 8b Water/Sewer \_\_\_\_\_
- 8c Gas \_\_\_\_\_
- 9 Property Taxes \_\_\_\_\_
- 10 Capital Improvements \_\_\_\_\_
- 11 Annual Property Insurance \_\_\_\_\_

**If this Project is Government Subsidized, Please Indicate Type of Program:**

221 Program \_\_\_\_\_

Specify Program \_\_\_\_\_

236 Int. Assist \_\_\_\_\_

AUD Program \_\_\_\_\_

THDA \_\_\_\_\_

LIHTC \_\_\_\_\_

Section 8 \_\_\_\_\_

Other (Specify) \_\_\_\_\_

**TYPE OF RENT:**

MARKET \_\_\_\_\_

BASIC \_\_\_\_\_

**TYPE OF SUBSIDY**

RENTAL \_\_\_\_\_

LOAN \_\_\_\_\_

TENNANT BASED \_\_\_\_\_

PROJECT BASED \_\_\_\_\_

Please return the completed form to:  
Rutherford County Property Assessor's Office  
Attn: John Shearron  
319 North Maple Street Suite 200  
Murfreesboro, TN 37130  
or via email at the following: [jsharron@rutherfordcountytg.gov](mailto:jsharron@rutherfordcountytg.gov)

**Long Lived Items and Concessions on Back**

<u>Items to be Replaced</u>	<u>Cost New</u>	<u>Year Item Replaced</u>
12 Roof Cover	_____	_____
13 Appliances	_____	_____
14 Heat & Cool Systems	_____	_____
15 Floor Cover	_____	_____
16 Plumbing Fixtures	_____	_____
17 Hot Water Heaters	_____	_____
18 Exterior Painting	_____	_____

<u>Rent Concessions</u> as of January 1, 2016		
Unit Type	Amount	Total

Attach additional schedule if \_\_\_\_\_

**Please Indicate the Following**

Year Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
 Year Built: \_\_\_\_\_ Construction Cost: \_\_\_\_\_

Management Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_

All information, including the accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief are true, correct, and complete.

Title: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Comments**

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