

**Tompkins County Department of Assessment**

**128 E Buffalo St, Ithaca NY 14850**

411/418

<http://www.tompkins-co.org/assessment/>

**Ph: 274-5517 Fax: 274-5507**

Apartment Income and Expense Questionnaire for the year of \_\_\_\_\_  
**(Confidential information - Not for Public Review)**

Municipality: Dryden Owner: John Doe Phone: xxx-xxxx  
 Tax Map Number: 1.-1-1 Manager: Someplace Realty Phone: xxx-xxxx  
 Property Location: 4 Somewhere St Name of Est: Something Apts  
 (I.E. Glenwood Apts)

Unit Number	# of Bedrooms	# of Occupants	Landlord pays the...				Furnished (Y/N)	Monthly Rent	Annual Rent	Vacancy Percent
			Heat	Gas	Elec	Water				
1	1	1	L	L	T	L	N	475	5700	
2	1	1	L	L	T	L	N	490	5880	
3	2	2	L	L	T	L	N	675	8100	
4	2	2	L	L	T	L	N	675	8100	5%
5	2	1	L	L	T	L	N	700	8400	
6	2	2	L	L	T	L	N	700	8400	5%
<b>SAMPLE</b>										

Total Annual Rent: \$44,580

Other Income:

Parking/garage # of spaces 6 Rent/Year 3600  
 Laundry (coin op) Income/Year 4500

Total Other Income: \$8,100

Operating Expenses (without real estate taxes or debt service):

Insurance: 1500 Maintenance: 4000  
 Heat: 4000 Management: 4668  
 Electric: INC IN HEAT Other (specify): 400  
 Water/Sewer: 600  
 Solid Waste: 350

Total Operating Expenses: \$15,518

Capital Improvements: \$9,000 - New Appliances

Comments:

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

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 Property Location: \_\_\_\_\_ Name of Est: \_\_\_\_\_  
 (I.E. Glenwood Apts)

Unit Number	# of Bedrooms	# of Occupants	Landlord pays the...				Furnished (Y/N)	Monthly Rent	Annual Rent	Vacancy Percent
			Heat	Gas	Elec	Water				

Total Annual Rent: \$ \_\_\_\_\_

Other Income:  
 Parking/garage # of spaces \_\_\_\_\_ Rent/Year \_\_\_\_\_  
 Laundry (coin op) \_\_\_\_\_ Income/Year \_\_\_\_\_

Total Other Income: \$ \_\_\_\_\_

Operating Expenses (without real estate taxes or debt service):  
 Insurance: \_\_\_\_\_ Maintenance: \_\_\_\_\_  
 Heat: \_\_\_\_\_ Management: \_\_\_\_\_  
 Electric: \_\_\_\_\_ Other (specify): \_\_\_\_\_  
 Water/Sewer: \_\_\_\_\_  
 Solid Waste: \_\_\_\_\_

Total Operating Expenses: \$ \_\_\_\_\_

Capital Improvements: \$ \_\_\_\_\_

Comments:

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_