

# INCOME AND EXPENSE STATEMENT AND AFFIDAVIT

**CHECK PROPERTY TYPE:**

- |   |  |
|---|--|
| <input type="checkbox"/> APARTMENT              | <input type="checkbox"/> MOBILE HOME / RV PARK           |
| <input type="checkbox"/> OFFICE / RETAIL STORE  | <input type="checkbox"/> MINI-STORAGE WAREHOUSE          |
| <input type="checkbox"/> HOTEL / MOTEL / RESORT | <input type="checkbox"/> IND. MFG / WHSE / MULTI-PURPOSE |
| <input type="checkbox"/> SHOPPING CENTER        |  |

Pursuant to A.R.S. §§ 42-16052 and 42-16107: A petition that is filed with the Assessor based on the income approach to value shall include income and expense data relating to the property for the three most recent consecutive fiscal years of the petitioner ending on or before September 30 of the previous year. If the income and expense data are not available to the petitioner, the petitioner shall file with the petition such income and expense data as are available. **The evidence permitted in an appeal relating to a petition based on the income approach to value is limited to the income and expense data filed with the petition, the testimony of the petitioner and any witnesses presented on the petitioner's behalf, and evidence presented by the Assessor and the Arizona Department of Revenue.**

**INSTRUCTIONS: THIS FORM AND THE APPROPRIATE INCOME AND EXPENSE REPORTING FORM MUST ACCOMPANY THE PETITION FOR REVIEW FILED WITH THE COUNTY ASSESSOR.**

**NOTE:** The information submitted is confidential and is to be utilized only by the Valuation Authorities. Valuation Authorities include, but are not limited to, the County Assessor and the Arizona Department of Revenue. This form must be completed and filed with the original appeal form. Information submitted on the reporting forms **must be only actual income and expenses** for the property under appeal. Other data used to justify the owners opinion of value, including a profit and loss statement, a property pro-forma statement or any similar evidence may be submitted on a separate sheet(s) as supplemental data. The County Assessor may also request additional information to verify the data submitted with the appeal. Contact the County Assessor if you have any questions on the use of this statement or the reporting forms.

- Retain a copy of this form and any supplemental data submitted.
- Complete the market approach and / or cost approach information sections below only if the property has been purchased or constructed within the past three years.
- Complete the income and expense reporting form information as applicable for the type of property under appeal and sign the Affidavit section below.
- The Affidavit section below must be signed by the property owner, an official of the firm authorized by the owner or a property tax agent designated by the owner to act on his behalf.

**PRINT OR TYPE:** DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COUNTY \_\_\_\_ BOOK \_\_\_\_ MAP \_\_\_\_ PARCEL \_\_\_\_

OWNER'S NAME \_\_\_\_\_ OWNER'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

PROPERTY ADDRESS / SITUS \_\_\_\_\_

IS THIS A MULTI-PARCEL APPEAL? YES  NO  IF YES, ATTACH A LIST OF THE OTHER PARCELS (DOR FORM 82131).

PRIOR YEAR PROPERTY TAXES \$ \_\_\_\_\_ (IF A MULTIPLE PARCEL APPEAL, THE TOTAL TAXES FOR ALL PARCELS.)

	MARKET DATA SALES	DATE OF SALE		COST APPROACH DATA	DATE OF PURCHASE
PURCHASE AMOUNT	\$ _____	_____	LAND COST	\$ _____	_____
LESS PERSONAL PROPERTY	_____	_____	IMPROVEMENT(S)	_____	_____
REAL PROPERTY AMOUNT	\$ _____	_____	TOTAL COST	\$ _____	

Explain any unusual circumstances regarding the acquisition of the property below, or attach supplemental data:

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**AFFIDAVIT** (Pursuant to A.R.S. § 42-16052)

I (type or print name) \_\_\_\_\_ hereby affirm under penalty of perjury that I have reviewed the information contained in this document and any supplemental documents attached and that it is true and correct to the best of my knowledge. The source documents used to compile the information are located at:

\_\_\_\_\_

and I agree they may be inspected by the County Assessor or the Arizona Department of Revenue in order to verify data submitted herein.

\_\_\_\_\_  
SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ YEAR: \_\_\_\_\_

MY COMMISSION EXPIRES ON

THE \_\_\_\_\_ DAY OF \_\_\_\_\_ YEAR: \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

## APARTMENTS

**NAME OF COMPLEX:** \_\_\_\_\_

County \_\_\_\_ Book \_\_\_\_ Map \_\_\_\_ Parcel \_\_\_\_\_ (If this is an economic unit, list the Lead Parcel)

**RENT SCHEDULE AS OF 12 / 31**

**TOTAL NUMBER OF UNITS** \_\_\_\_\_

UNIT TYPE	NUMBER FURN.	RENT PER MONTH	NUMBER UNFURN.	RENT PER MONTH
STUDIO	_____	\$ _____	_____	\$ _____
1 BEDROOM	_____	_____	_____	_____
2 BR / 1 BA	_____	_____	_____	_____
2 BR / 2 BA	_____	_____	_____	_____
3 BEDROOM	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
<b>TOTAL UNITS</b>	_____	\$ _____	_____	\$ _____

**UTILITIES**

**TENANT PAYS**

ELECTRIC / GAS      YES       NO   
 WATER / SEWER      YES       NO   
 TELEPHONE      YES       NO

ON-SITE MANAGER?      YES       NO   
 LEASING OFFICE?      YES       NO

**INCOME DATA SUMMARY:**      Provide latest three year history.

	Last Year	Two Years Ago	Three Years Ago
	Year: _____	Year: _____	Year: _____
POTENTIAL GROSS INCOME (100% OCCUPANCY)	= \$ _____	\$ _____	\$ _____
VACANCY AND COLLECTION LOSS (ACTUAL)	- _____	_____	_____
ADJUSTED GROSS INCOME	= _____	_____	_____
OTHER INCOME (LAUNDRY, VENDING, ETC.)	+ _____	_____	_____
EFFECTIVE GROSS INCOME	= _____	_____	_____
TOTAL OF ALL EXPENSES	- _____	_____	_____
NET OPERATING INCOME	= \$ _____	\$ _____	\$ _____

**ADDITIONAL INFORMATION / REMARKS**

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**NOTE:** You may submit additional documents to support the income and expense information.

## APARTMENT EXPENSE DATA

### PROVIDE THREE YEAR HISTORY

NOTE: FOR PROPERTY ANALYSIS ALL EXPENSES REPORTED SHOULD BE THE **ACTUAL** INCURRED EACH YEAR.

**DISALLOWED EXPENSES:** DEPRECIATION, MORTGAGE DEBT SERVICE and PROPERTY TAX (effective tax rate will be added to the capitalization rate).

	Last Year	Two Years Ago	Three Years Ago
	Year: _____	Year: _____	Year: _____
<b><u>ACTUAL EXPENSES</u></b>			
ANNUAL INSURANCE	\$ _____	\$ _____	\$ _____
MANAGEMENT / AGENT FEES	_____	_____	_____
ADVERTISING PROMOTION	_____	_____	_____
ADMINISTRATIVE / SALARIES	_____	_____	_____
GAS / ELECTRIC	_____	_____	_____
WATER / SEWER	_____	_____	_____
TELEPHONE	_____	_____	_____
BLDG. MAINTENANCE AND REPAIRS	_____	_____	_____
PARKING LOT AND COMMON AREA	_____	_____	_____
SERVICE CONTRACTS	_____	_____	_____
JANITORIAL	_____	_____	_____
SUPPLIES	_____	_____	_____
OTHER EXPENSES (DESCRIBE)			
_____	_____	_____	_____
_____	_____	_____	_____
<b><u>MAJOR REPLACEMENT / REPAIRS</u></b> (From Pg. 3)	_____	_____	_____
<b>TOTAL OF ALL EXPENSES =</b>	\$ _____	\$ _____	\$ _____

**NOTE:** Attach any additional documents necessary to itemize expenses or replacements not sufficiently explained above.

		<b>LAST YEAR</b>					
<b>MAJOR REPLACEMENT / REPAIRS</b>		DATE	TOTAL COST	÷	AVG. LIFE (YRS)	=	ANNUAL AMT.
HEATING / COOLING	_____	_____	\$ _____	÷	_____	=	\$ _____
ROOFING	_____	_____	\$ _____	÷	_____	=	\$ _____
FLOOR COVERINGS	_____	_____	\$ _____	÷	_____	=	\$ _____
APPLIANCES / WATER HEATER	_____	_____	\$ _____	÷	_____	=	\$ _____
PAINTING (MULTI-UNIT)	_____	_____	\$ _____	÷	_____	=	\$ _____
OTHERS	_____	_____	\$ _____	÷	_____	=	\$ _____
(DESCRIBE: _____ _____)	_____	_____	\$ _____	÷	_____	=	\$ _____
			<b>TOTAL FOR LAST YEAR</b>		=		\$ _____

		<b>TWO YEARS AGO</b>					
<b>MAJOR REPLACEMENT / REPAIRS</b>		DATE	TOTAL COST	÷	AVG. LIFE (YRS)	=	ANNUAL AMT.
HEATING / COOLING	_____	_____	\$ _____	÷	_____	=	\$ _____
ROOFING	_____	_____	\$ _____	÷	_____	=	\$ _____
FLOOR COVERINGS	_____	_____	\$ _____	÷	_____	=	\$ _____
APPLIANCES / WATER HEATER	_____	_____	\$ _____	÷	_____	=	\$ _____
PAINTING (MULTI-UNIT)	_____	_____	\$ _____	÷	_____	=	\$ _____
OTHERS	_____	_____	\$ _____	÷	_____	=	\$ _____
(DESCRIBE: _____ _____)	_____	_____	\$ _____	÷	_____	=	\$ _____
			<b>TOTAL FOR TWO YEARS AGO</b>		=		\$ _____

		<b>THREE YEARS AGO</b>					
<b>MAJOR REPLACEMENT / REPAIRS</b>		DATE	TOTAL COST	÷	AVG. LIFE (YRS)	=	ANNUAL AMT.
HEATING / COOLING	_____	_____	\$ _____	÷	_____	=	\$ _____
ROOFING	_____	_____	\$ _____	÷	_____	=	\$ _____
FLOOR COVERINGS	_____	_____	\$ _____	÷	_____	=	\$ _____
APPLIANCES / WATER HEATER	_____	_____	\$ _____	÷	_____	=	\$ _____
PAINTING (MULTI-UNIT)	_____	_____	\$ _____	÷	_____	=	\$ _____
OTHERS	_____	_____	\$ _____	÷	_____	=	\$ _____
(DESCRIBE: _____ _____)	_____	_____	\$ _____	÷	_____	=	\$ _____
			<b>TOTAL FOR THREE YEARS AGO</b>		=		\$ _____

**NOTE:** Attach any additional documents necessary to itemize expenses or replacements not sufficiently explained above.