

**INCOME AND EXPENSE STATEMENT
AND AFFIDAVIT**

CHECK PROPERTY TYPE:

- APARTMENT
- OFFICE / RETAIL STORE
- HOTEL / MOTEL / RESORT
- SHOPPING CENTER
- MOBILE HOME / RV PARK
- MINI-STORAGE WAREHOUSE
- IND. MFG / WHSE / MULTI-PURPOSE

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:

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

SHOPPING CENTERS

NAME OF CENTER: _____

COUNTY ____ BOOK ____ MAP ____ PARCEL _____ (IF THIS IS AN ECONOMIC UNIT, LIST THE LEAD PARCEL)

TYPE OF CENTER: SUPER REGIONAL REGIONAL POWER COMMUNITY NEIGHBORHOOD

GROSS SQUARE FEET: _____ NET LEASEABLE SQUARE FEET = _____

MAJOR TENANT SQ FT: _____ NON-MAJOR SQ FT: _____ PAD SQ FT: _____

TYPE OF LEASES (SQ FT): NET _____ GROSS _____ MODIFIED GROSS _____

NOTE: FOR PROPER ANALYSIS, COMPLETE TENANT INFORMATION MUST BE ENTERED ON THE ATTACHED FORM OR ON SEPARATE SHEETS.

POTENTIAL CHARGES TO TENANTS

TENANT PAYS

DESCRIBE

COMMON AREA MAINTENANCE	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
REAL ESTATE TAXES	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
INSURANCE	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
UTILITIES	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
MANAGEMENT	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____

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	- _____	- _____	- _____
ADJUSTED GROSS INCOME	= _____	_____	_____
CHARGES TO TENANTS (EXPENSE RECOVERY)	+ _____	+ _____	+ _____
PERCENTAGE INCOME (ANNUAL)	+ _____	+ _____	+ _____
OTHER INCOME (SERVICES, LAND LEASES)	+ _____	+ _____	+ _____
EFFECTIVE GROSS INCOME	= _____	_____	_____
TOTAL OF ALL EXPENSES	- _____	- _____	- _____
NET OPERATING INCOME	= \$ _____	\$ _____	\$ _____

ADDITIONAL INFORMATION / REMARKS:

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

SHOPPING CENTER EXPENSE DATA
PROVIDE THREE YEAR HISTORY

NOTE: FOR PROPER 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: _____
<u>ACTUAL OPERATING EXPENSES</u>			
ANNUAL INSURANCE	\$ _____	\$ _____	\$ _____
MANAGEMENT / AGENT FEES	_____	_____	_____
LEASING AGENT FEES	_____	_____	_____
ADMINISTRATIVE / SALARIES	_____	_____	_____
ADVERTISING / PROMOTION	_____	_____	_____
UTILITIES PAID BY OWNER (NON-COMMON AREA)	_____	_____	_____
PERMITS / LICENSE / LEGAL FEES	_____	_____	_____
BLDG. MAINTENANCE AND REPAIRS	_____	_____	_____
NON-RECOVERABLE TENANTS COSTS	_____	_____	_____
SERVICE CONTRACTS	_____	_____	_____
SUPPLIES	_____	_____	_____
JANITORIAL	_____	_____	_____
OTHER EXPENSES (DESCRIBE):			
_____	_____	_____	_____
_____	_____	_____	_____
<u>MAJOR REPLACEMENTS / REPAIRS</u> (From Pg. 3)	_____	_____	_____
TOTAL OF ALL EXPENSES =	\$ _____	\$ _____	\$ _____

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

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

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

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

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

