

Official Request  
**SELF-STORAGE INCOME & EXPENSE SURVEY**

CITY OF ALEXANDRIA  
OFFICE OF REAL ESTATE ASSESSMENTS  
703.746.4646



Tax Assessment Map #	Abstract Code	Account #

This form is accessible via the Office's website at [www.alexandriava.gov/realestate](http://www.alexandriava.gov/realestate)  
**If you wish, you may download the form and enter the data via the fillable PDF and submit electronically.**

**RETURN TO:**  
CITY OF ALEXANDRIA  
OFFICE OF REAL ESTATE ASSESSMENTS  
P. O. BOX 178  
ALEXANDRIA, VIRGINIA 22313-1501

**Dear Property Owner:**

The Office of Real Estate Assessments is in the process of collecting and analyzing information for the annual reassessment of real estate located in the City of Alexandria. This is an official request pursuant to Section 58.1-3294 of the **Code of Virginia** that requires you to furnish this office with income and expense data for any income-producing properties for calendar year 2015. This request is also in compliance with Section 3-2-186 of the Alexandria City Code. All information submitted will be kept strictly confidential under the stipulations of Section 58.1-3 of the **Code of Virginia**.

This survey form is to be completed by the property owner or a duly authorized agent, showing the gross income (at 100% occupancy), vacancies and expenses for the above referenced property. The information should encompass the 2015 calendar year.

Income information related to calendar year 2015 that you may have previously submitted to the Office of Real Estate Assessments or to the Board of Equalization as part of a review or an appeal, **must be resubmitted at this time to satisfy this request.** The income information requested by the Department of Finance in regard to business licenses is not associated with this request.

In addition to the information requested as part of this survey, we request that you submit any other income or expense information that you believe to be relevant to the assessment of your property. If the property is 100% owner occupied, and therefore not income producing, please state this in writing on the front of the form and return it to our office.

The enclosed self-addressed envelope is provided for your convenience. The income information must be returned to our office no later than **May 2, 2016** or postmarked by the U. S. Postal Service no later than **May 2, 2016**. We would like to remind you that any Request for Review of Assessment filed with this office, or any Appeal of Assessment filed with the Board of Equalization, which is based upon the income or expenses attributable to your property will not be considered unless this information has been filed on time.

If you have any questions regarding this matter, or wish to discuss this request form with a member of our appraisal staff, please call between 8:00 a.m. and 5:00 p.m., Monday through Friday. Your cooperation and timely response to this legal requirement will be greatly appreciated.

Sincerely,

**The Office of Real Estate Assessments**

Enclosure

The Income and Expense information must be placed on this form. No alternative forms may be used. If you should have any questions or need assistance please call our office at 703.746.4646.

**CERTIFICATION**

State law requires certification by the owner or officially authorized representative. Please type or print all information except signature.)

Name of building \_\_\_\_\_

Property address \_\_\_\_\_

Type of project or building \_\_\_\_\_

Owner(s) name(s) \_\_\_\_\_

**By online submission of this form, the individual named below certifies that all information including the accompanying schedules and statements have been examined and to the best of my knowledge and belief are true, correct, and complete.**

Management firm \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Contact Person \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_

**A. GENERAL INFORMATION**

What is the improvement's gross building area? ..... \_\_\_\_\_ SF

What is the improvement's net rentable area? ..... \_\_\_\_\_ SF

Does the facility offer on-site parking or outside storage? Yes No

If yes, how much (i.e. number of parking spaces or size of the outside area) . \_\_\_\_\_ SF

How many stories does the building have? ..... \_\_\_\_\_

Are there climate controlled units? Yes No

If yes, how many? ... \_\_\_\_\_

Is there an on-site manager? Yes No

What type of security is available..... \_\_\_\_\_

Total number of storage units? ..... \_\_\_\_\_

Are there storage bins that offer at-grade, drive-in units? Yes No

If yes, how many? ..... \_\_\_\_\_

What types of other income does the facility generate (e.g. sale of locks, boxes and packaging materials).

\_\_\_\_\_  
\_\_\_\_\_

Are concessions available to tenants (e.g. free rent)? Yes No

If yes, please describe them. \_\_\_\_\_  
\_\_\_\_\_

**Please attach a rent roll with a breakdown of unit types, sizes and monthly rents.**

**B.** Has there been a professional appraisal on this real property in the last five years?  Yes  No

If yes, appraiser's estimate of value \$ \_\_\_\_\_ Date of value \_\_\_\_\_

**C. ANNUAL INCOME (for calendar year 2015)**

Rental Income:

- 01 Potential rental income..... \_\_\_\_\_
- 02 Sales of utilities/services..... \_\_\_\_\_
- 03 Overage/Percentage rental ..... \_\_\_\_\_
- 04 Other rental income (Specify \_\_\_\_\_) \_\_\_\_\_
- 05 Income loss from vacancy (2015)..... \_\_\_\_\_
- 06 Income loss from bad debts (2015)..... \_\_\_\_\_
- 07 Actual rental income received (Total of lines 01 through 04, less lines 05 and 06)..... \_\_\_\_\_

Other Income:

- 08 Parking and special areas ..... \_\_\_\_\_
- 09 Other rental income (Specify: \_\_\_\_\_) \_\_\_\_\_
- 10 Miscellaneous (Specify \_\_\_\_\_) \_\_\_\_\_
- 11 Miscellaneous (Specify: \_\_\_\_\_) \_\_\_\_\_
- 12 Miscellaneous (Specify: \_\_\_\_\_) \_\_\_\_\_
- 13 Miscellaneous (Specify: \_\_\_\_\_) \_\_\_\_\_
- 14 TOTAL ACTUAL INCOME (Sum of lines 07 through 13)..... \_\_\_\_\_

**D. CAPITAL IMPROVEMENTS, RENOVATIONS**

Have there been Capital Improvements or Capital Renovations to the property during this reporting period?

Yes  No If yes, please provide total cost here and attach a detailed list on a separate page.

Reflect only the capital costs that were actually expensed in calendar year 2015.

**E. ANNUAL OPERATING EXPENSES**

**Utilities:**

- 15 Water and sewer .....
- 16 Electricity (excludes HVAC) .....  
Electricity (includes HVAC) .....
- 17 Primary heating fuel (Specify: \_\_\_\_\_) .....
- 18 Other fuel (Specify: \_\_\_\_\_) .....
- TOTAL UTILITIES** .....

**Maintenance & Repairs:**

- 19 Maintenance payroll (including payroll taxes and benefits) .....
- 20 HVAC repairs .....
- 21 Electric/plumbing repairs .....
- 22 Elevator repairs .....
- 23 Roof repairs .....
- 24 Other common area or exterior repairs .....
- 25 Redecorating costs (carpet, paint, etc.) .....
- 26 Miscellaneous repairs (Specify: \_\_\_\_\_) .....
- TOTAL MAINTENANCE & REPAIRS** .....

**Management and Administrative:**

- 27 Management fees .....
- 28 Other administrative/payroll (including payroll taxes and benefits) .....
- TOTAL MANAGEMENT AND ADMINISTRATIVE** .....

**Services:**

- 29 Janitorial/cleaning (payroll/contract) .....
- 30 Landscape (grounds maintenance) .....
- 31 Trash .....
- 32 Security .....
- 33 Snow removal .....
- TOTAL SERVICES** .....

**Insurance and Taxes (excluding payroll taxes):**

- 34 Insurance, Fire, Casualty (one year) .....
- 35 Other taxes, fees .....
- 36 Real Estate Taxes .....
- TOTAL INSURANCE AND TAXES** .....

**Total Operating Expenses:**

- 37 Total Expenses**.....

**F. NET OPERATING INCOME** (Section C, line 14 less Section E, line 37) .....