



City of Boston Assessing Department

FY 2026 APPLICATION FOR ABATEMENT OF REAL ESTATE

TAX Mass General Laws Ch. 59 § ,59

APPLICATION #:

202615006

PROPERTY IDENTIFICATION:

Fill in blanks with information **exactly as it appears on the tax bill**. Please type or use ball point pen and **print** carefully.

Ward and Parcel (10 digits): 0800972000 Class: _____ Total Full Valuation: \$ _____

Assessed Owner (the owner on 1/1/2025): _____

Applicant* (if not assessed owner): _____

Location: _____ Zip Code: _____

Street No. Street Name

*Person other than the assessed owner such as the executor, trustee, or tenant paying more than 50% of taxes, or subsequent owner, or mortgagee in possession must complete "applicant's standing section" on Information Requisition.

REASON FOR ABATEMENT:

- Overvaluation / Improper Classification / Disproportion**
Complete attached Information Requisition Form

NOTE: Upon filing this application for abatement, you will be required to complete an Information Requisition Form (attached) providing more detailed information about the assessed property (Mass. General Laws Ch. 61 § ,59A). Failure to provide the information requested on the form **within thirty (30) days of filing your abatement application** may result in the loss of your right to appeal the tax assessed.

- Statutory Exemption**
You must complete a **Statutory Exemption Information Requisition** available at City Hall, Room 301. **Do not** complete the standard Information Requisition.

DATE STAMP HERE

AUTHORIZATION: (Complete and Sign below)

Statement of applicant:

I am aggrieved by the real estate tax assessment of the real estate parcel described above, and hereby apply for abatement. I also hereby authorize the representative (if any) whose signature appears at right to act on my behalf relative to this application. I also hereby accept, as of the date of this filing, the attached form requesting additional information in compliance with Chapter 59, Section 61A.

Signature of Applicant/Assessed Owner

Date (mm/dd/yy)

Applicant's Name (Last Name, First)

Mailing Address (Number and Street Name)

City

State

Zip Code

Phone: _____

Cell: _____

Email: _____

STATEMENT OF REPRESENTATIVE: (if any)

I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. I further state that, in the absence of this applicant's signature, I attach herewith a letter of authorization signed by the applicant. I also (circle one) file herewith / have filed / will file (within 30 days of the date of this application) an Information Requisition with Owner's (or Applicant's) authorization with the City of Boston Assessing Department relative to this abatement application.

Signature of Representative

Date (mm/dd/yy)

Representative's Name (Last Name, First)

Firm Name

Mailing Address (Number and Street Name)

City

State

Zip Code

Phone: _____ Cell: _____

Email: _____



City of Boston Assessing Department

FY 2026 APPLICATION FOR ABATEMENT OF REAL ESTATE

TAX Mass General Laws Ch. 59 § ,59

GENERAL INFORMATION:

Where to file:

Assessing Department, Room 301
One City Hall Square, Boston, MA 02201

Filing deadline:

No later than February 2, 2026

Payment of Tax:

The filing of an abatement application does NOT allow you to postpone payment of the tax. If your application is approved, a refund will be issued to you. If you do not timely pay the tax assessed, you may lose your statutory appeal rights. See M.G.L. Ch. 59, § 64.

Approval:

All abatements are subject to jurisdictional requirements under M.G.L. Ch. 59, and to final approval by the Board of Review and the Commissioner of Assessing.

RECEIPT

APPLICATION #:

APPLICANT COMPLETE BELOW

WARD:



City of Boston Assessing Department FY

2026 INFORMATION REQUISITION

Mass General Laws Ch. 59, § 61A

Property Identification:

Parcel: _____ Class: _____ Total Full Valuation: \$ _____
Land Use

Assessed Owner (owner on 1/1/2025): _____

Applicant* (if not assessed owner): _____

Location: _____ Zip Code: _____
Street No. Street Name

**Person other than the assessed owner such as the executor, trustee, or tenant paying more than 50% of taxes, or subsequent owner, or mortgagee in possession must complete "applicant's standing section" on Information Requisition.*

Contact Person: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone No.: Day: _____ Email: _____

Associated Parcel Section:

NOTE: For multi-parcel properties, file ONE APPLICATION FOR EACH PARCEL that you want considered for abatement. File all applications together with ONE Information Requisition covering ALL parcels, noting the MAIN parcel number.

**If YES, list all additional Ward and Parcel #s below and see above note:*

1. Does this property consist of more than one parcel? Yes* No

2. List **MAIN** Ward and Parcel for completed Information Requisition:

Ward and Parcel No. (10 digits)

Ward and Parcel No. (10 digits)

Applicant's Standing Section:

If applicant is not the assessed owner, what is the basis of the applicant's standing?

- | | |
|--------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Subsequent owner | <input type="checkbox"/> Tenant with obligation to pay more than 50% of tax |
| <input type="checkbox"/> Mortgagee in possession | <input type="checkbox"/> Other: _____ |

Authorization Section:

(complete and sign below)

Owner/Applicant Statement: I certify under pains and penalties of perjury that the information supplied in this requisition is true and correct. If applicable, I hereby authorize the representative whose signature appears on my application for abatement under the Authorization Section to act on my behalf relative to my Fiscal Year 2026 abatement application(s).

Signature of Owner or Applicant: _____ Date (mm/dd/yy): _____

Print Name: _____

Note: All abatements are subject to jurisdictional requirements under MGL Ch. 59, and final approval by the Board of Review and the Commissioner of Assessing.

REQUIRED SCHEDULES

Note: To complete the required schedules, see the attached samples.

If your property is this type complete these schedules:

RESIDENTIAL	Residential (1-3 Family)	A,B (Part 1)
	Apartments (4 units or more).....	A, C, F, G
	Condominiums.....	A, B (Part 2)
COMMERCIAL	Mixed Use (Res. & Com.).....	A, C, D, F, G, H, I
	Office, Retail, Industrial, Condos	A, D, F, G, H, I
	Hotel, Motel.....	A, G, J, H, I

SAMPLE

SCA

SCHEDULE A

General Information

Please complete below:

Ward	Parcel										
1	8	-	0	0	6	1	0	-	0	0	0

Note: The ward and parcel number above should appear on each page of this form and on any attachments.

PART 1: Reason for Filing. Please mark (X) the appropriate reason as of 1/1/2025.

- Not reflective of market value on 1/1/2025.** Provide 3 sales of the same property type that occurred in the last 2 years:

Property Address	Ward & Parcel	Sales Price	Date of Sale (mm/dd/yy)
8 Washington Street	1812345000	\$550,000	05/08/24
29 South Street	1867890000	\$575,000	09/01/24
1313 Washington Street	1822222000	\$535,000	11/13/24

- Recent sale of property.** Please provide the following information for any sale occurring in the last 2 years:

Date of sale (mm/dd/yy): _____ / _____ / _____ Price: \$ _____

Any relation to seller? Yes No

Any non-real estate items included in the sales price? Yes No

Description of items: _____

Associated Cost: \$ _____

Mortgage Amount: \$ _____

Lender's Name: _____

Lender's Appraisal Value: \$ _____ Date of Appraisal: _____ / _____ / _____ (**ATTACH COPY**)

- Property refinanced within the last 2 years, appraisal value below assessed value. (**ATTACH COPY**)**

Date of Refinancing (mm/dd/yy): _____ / _____ / _____ Amount Financed: \$ _____

Lender's Appraisal Value: \$ _____

- Not in line with comparable assessments.** Provide value data for 3 similar properties of the same property type*:

Ward (ex. 01)	Parcel No. (ex. 12345-000)	Property Address	Value
<input type="text"/>	<input type="text"/>	_____	\$ _____
<input type="text"/>	<input type="text"/>	_____	\$ _____
<input type="text"/>	<input type="text"/>	_____	\$ _____

*Condominium, single-family, two-family, three-family, etc.

- Improper Classification - Land Use.** Please indicate correct Classification: _____

Please indicate correct Land Use: _____

- Incorrect Property Data.** Please provide details in PART 2 below.

- Other:** _____ Please provide details in PART 2 below.

PART 2: Opinion of Value and Additional Comments.

Owner's opinion of value as of January 1, 2025? \$ 550,000

Additional Comments. Use separate page if necessary.

My home is most similar to 8 Washington Street. My current assessment is \$575,000.

SCA

SCHEDULE A General Information

Please complete below:

Ward

Parcel

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note: The ward and parcel number above should appear on each page of this form and on any attachments.

PART 1: Reason for Filing. Please mark (X) the appropriate reason as of 1/1/2025.

- Not reflective of market value on 1/1/2025** *Provide 3 sales of the same property type that occurred in the last 2 years:*

Property Address	Ward & Parcel	Sales Price	Date of Sale (mm/dd/yy)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

- Recent sale of property.** *Please provide the following information for any sale occurring in the last 2 years:*

Date of sale (mm/dd/yy): _____ / _____ / _____ Price: \$ _____

Any relation to seller? Yes No

Any non-real estate items included in the sales price? Yes No

Description of items: _____

Associated Cost: \$ _____

Mortgage Amount: \$ _____

Lender's Name: _____

Lender's Appraisal Value: \$ _____ Date of Appraisal: _____ / _____ / _____ (**ATTACH COPY**)

- Property refinanced within the last 2 years, appraisal value below assessed value. (ATTACH COPY)**

Date of Refinancing (mm/dd/yy): _____ / _____ / _____ Amount Financed: \$ _____

Lender's Appraisal Value: \$ _____

- Not in line with comparable assessments.** *Provide value data for 3 similar properties of the same property type*:*

Ward (ex. 01)	Parcel No. (ex. 12345-000)	Property Address	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

*Condominium, single-family, two-family, three-family, etc.

- Improper Classification - Land Use** Please indicate correct Classification: _____

Please indicate correct Land Use: _____

- Incorrect Property Data.** *Please provide details in PART 2 below.*

- Other:** _____ Please provide details in PART 2 below.

PART 2: Opinion of Value and Additional Comments.

Owner's opinion of value as of January 1, 2025? \$ _____

Additional Comments. Use separate page if necessary.

SAMPLE

SCB

SCHEDULE B

Residential Information

Please complete below:

Ward	Parcel
1 8	0 0 6 1 0
0 0 0	

Note: The ward and parcel number above should appear on each page of this form and on any attachments.

Part 1: One, two, and three-family ONLY. Effective reporting date is 1/1/2025.

1. Property Use. Indicate (X) primary use of property:

One family Two family Three family

Is the property owner-occupied? (Y/N) Y

Does the property include an in-law apartment or au-pair unit? (Y/N) Y

2. Property Description.

A. Year Built: 1900

B. Indicate Room Count by Floor (see example below):

Floor Level	Total # Rooms	# of Bed-rooms	# of Full Baths	# of 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)
1	5	3	1	1	100	Y	Y

Floor Level	Total # Rooms	# of Bed-rooms	# of Full Baths	# of 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)
Sub Bsmt							
Bsmt	-	-	-	-	0	N	N
1	5	2	1	0	100	Y	Y
2	6	3	1	0	100	Y	N
3	6	3	1	0	100	Y	N
Attic							

Total # of Levels 4

C. Heating Type: Select (X) one.

Forced Air Radiators Baseboard
 Radiant Space Heater

D. Other Features: Select (X) all that apply.

Central A/C Ductless A/C Garage Roof deck

of working fireplaces: 0 # of off-street parking spaces: 1

Other amenities: _____

PART 2: Condominium

1. Square footage. Total SF: 1,000

Finished area (SF): 800 Unfinished area (SF): 200

2. Design. Indicate (X) the type of unit.

Loft Duplex Basement Penthouse
 Flat Other: _____

3. Floor Level. Indicate (X) the floor level of the unit.

Sub Basement Basement Garden
 1st 2nd 3rd Other: _____

Number of floors in unit: 1 Other: _____

4. Orientation. Indicate (X) the relative location of the unit in the building.

Front Rear Middle Full Floor Corner

5. Rooms. Indicate the number of rooms by type:

1 Living room 1 Dining room 2 Bedroom
1 Eat-in kitchen 1 Other kitchen 1 Full bath
1 Half bath 1 Other: _____

3. Property Improvements. List any remodeling or updating completed within the last five (5) years. Attach additional information if necessary.

Type	Description of Improvement	Year	Total Cost
Kitchen	First floor cabinet	2017	\$10,000
Bath	Third floor bath room	2018	\$5,000
Ext. Siding			
Interior			
Additions			
Plumbing			
Electrical			
Roof	New roof	2017	\$10,000
Windows			
Other			

4. Property Condition. Systems and Structure.

Indicate condition for each category as Excellent, Good, Average, Fair, or Poor.

Heating: Average Electrical: Average

Plumbing: Good Roof: Excellent

Windows: Fair Foundation: Average

5. Overall Property Condition. Circle one (1) condition per category.

Interior: | Excellent (Good) Average | Fair | Poor | Uninhabitable |

Exterior: | Excellent | Good (Average) Fair | Poor | Uninhabitable |

6. Overall condition: Good

Excellent, Good, Average, Fair, Poor, or Uninhabitable

7. Renovations. Describe below: Year Completed Total Cost

Kitchen: Full renovation 2015 \$ 65,000

Baths: _____

Other: _____

8. Amenities. Select (X) all that apply:

Unit: Private elevator Fireplace Central A/C
 Ductless A/C Balcony (SF: 120) Storage (SF:)
 View Other: _____

Complex (ex. Elevator, pool): Elevator

9. Parking Spaces. # indoor spaces: 0 # outdoor spaces: 1

Location of spaces: On-site Off-site*

*If off-site, indicate address: 120 Albany Street Space #: _____

Ownership: Easement Rented (Rent/Mo.: \$)

Separately deeded (Sale Price \$)

10. Rental Information.

Tenant: Joseph Smith Rent/Mo.: \$ 2,000

SCHEDULE B

Residential Information

Part 1: One, two, and three-family ONLY. Effective reporting date is 1/1/2025.

1. Property Use. Indicate (X) primary use of property:

One family Two family Three family

Is the property owner-occupied? (Y/N) _____

Does the property include an in-law apartment or au-pair unit? (Y/N) _____

2. Property Description.

A. Year Built: _____

B. Indicate Room Count by Floor (see example below):

Floor Level	Total # Rooms	# of Bed-rooms	# of Full Baths	# of 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)
1	5	3	1	1	100	Y	Y
<hr/>							
Floor Level	Total # Rooms	# of Bed-rooms	# of Full Baths	# of 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)
Sub Bsmt							
Bsmt							
1							
2							
3							
Attic							

Total # of Levels _____

C. Heating Type: Select (X) one.

Forced Air Radiators Baseboard
 Radiant Space Heater

D. Other Features: Select (X) all that apply.

Central A/C Ductless A/C Garage Roof deck
of working fireplaces: _____ # of off-street parking spaces: _____

Other amenities: _____

PART 2: Condominium

1. Square footage. Total SF: _____

Finished area (SF): _____ Unfinished area (SF): _____

2. Design. Indicate (X) the type of unit.

Loft Duplex Basement Penthouse
 Flat Other: _____

3. Floor Level. Indicate (X) the floor level of the unit.

Sub Basement Basement Garden
 1st 2nd 3rd Other: _____

Number of floors in unit: _____ Other: _____

4. Orientation. Indicate (X) the relative location of the unit in the building.

Front Rear Middle Full Floor Corner

5. Rooms. Indicate the number of rooms by type:

Living room Dining room Bedroom
Eat-in kitchen Other kitchen Full bath
Half bath Other: _____

Please complete below:

Ward

Parcel

[] - [] - []

Note: The ward and parcel number above should appear on each page of this form and on any attachments.

3. Property Improvements. List any remodeling or updating completed within the last five (5) years. Attach additional information if necessary.

Type	Description of Improvement	Year	Total Cost
Kitchen			\$
Bath			\$
Ext. Siding			\$
Interior			\$
Additions			\$
Plumbing			\$
Electrical			\$
Roof			\$
Windows			\$
Other			\$

4. Property Condition. Systems and Structure.

Indicate condition for each category as Excellent, Good, Average Fair, or Poor.

Heating: _____ Electrical: _____

Plumbing: _____ Roof: _____

Windows: _____ Foundation: _____

5. Overall Property Condition. Circle one (1) condition per category.

Interior: | Excellent | Good | Average | Fair | Poor | Uninhabitable |

Exterior: | Excellent | Good | Average | Fair | Poor | Uninhabitable |

6. Overall condition: _____

Excellent, Good, Average, Fair, Poor, or Uninhabitable

7. Renovations. Describe below: Year Completed Total Cost

Kitchen: _____ \$ _____

Baths: _____ \$ _____

Other: _____ \$ _____

8. Amenities. Select (X) all that apply:

Unit: Private elevator Fireplace Central A/C
 Ductless A/C Balcony (SF: _____) Storage (SF: _____)
 View Other: _____

Complex (ex. Elevator, pool): _____

9. Parking Spaces. # indoor spaces: _____ # outdoor spaces: _____

Location of spaces: On-site Off-site *

*If off-site, indicate address: _____ Space #: _____

Ownership: Easement Rented (Rent/Mo.: \$ _____)
 Separately deeded (Sale Price \$ _____)

10. Rental Information.

Tenant: _____ Rent/Mo.: \$ _____

SAMPLE

SCC

SCHEDULE C

Residential Occupancy Apartment/Lodging Use

Please complete below:

Ward	Parcel
1 8	- 0 0 6 1 0 - 0 0 0

Note: The ward and parcel number above should appear on each page of this form and on any attachments.

1. Rental Information: Please provide the following rental information. The effective reporting date is 1/1/2025.

Unit Type	Tenant Name	Total # Rooms	Rent per Month	(Rent Incentives)		Tenant Start Date (mm/yy)	Heat Included? (Y/N)	New or Renewing Tenant?
				Free Months	\$ Amount			
Studio	J. Smith	2	\$1,700			01/24	Y	New
One Bedroom	B. Simpson	3	\$2,300			01/24	Y	Renew
Two Bedroom								
Three Bedroom								
Four Bedroom								
Weekly	N. Peterson	1	\$600			01/24	Y	New

2. Parking:

Tenant/Occupant	Rent per Month	Indoor/Outdoor	Tandem?	Valet?
			(Y/N)	(Y/N)
J. Smith	\$100	Outdoor	Y	N
B. Simpson	\$100	Outdoor	Y	N

3. Additional Sources of Income: Effective reporting period is 1/1/2024 to 12/31/2024.

Laundry Income: \$_____ per month OR \$_____ 800 per year.

Miscellaneous (including but not limited to antennas, billboards): \$_____ 1,500 per month OR \$_____ per year.

In the space below, please **explain** this additional source of income:

1 antenna on roof.

SCC**SCHEDULE C****Residential Occupancy
Apartment/Lodging Use**

1. Rental Information: Please provide the following rental information. The effective reporting date is 1/1/2025.

Unit Type	Tenant Name	Total # Rooms	Rent per Month	(Rent Incentives)	Tenant Start Date (mm/yy)	Heat Included? (Y/N)	New or Renewing Tenant?
			\$	Free Months \$ Amount			
Studio			\$				
One Bedroom							
Two Bedroom							
Three Bedroom							
Four Bedroom							
Weekly							

2. Parking:

Tenant/Occupant	Rent per Month	Indoor/Outdoor	Tandem? (Y/N)	Valet? (Y/N)

3. Additional Sources of Income: Effective reporting period is 1/1/2024 to 12/31/2024

Laundry Income: \$ _____ per month OR \$ _____ per year.

Miscellaneous (including but not limited to antennas, billboards): \$ _____ per month OR \$ _____ per year.

In the space below, please **explain** this additional source of income:

SAMPLE

SCD

Please complete below:

Ward Parcel

Parcel

$$\begin{array}{r} 1 \ 8 \\ - 0 \ 0 \ 6 \ 1 \ 0 \\ \hline \end{array}$$

Note: The ward and parcel number above should appear on each page of this form and on any attachments.

SCHEDULE D

Commercial Occupancy

Please provide the following information for all spaces in the property. Indicate the number of spaces and rates by type. **The effective reporting date is 1/1/2025.** If a rental space is vacant on the reporting date, please write "vacant" in the Tenant Name field and include the rentable area. If a rental space is owner-occupied, please write "owner" in the Tenant Name field and include the rentable area.

Additional Sources of Income:

Please provide the following information for all spaces in the property. The effective reporting period is 1/1/2024 to 12/31/2024.

Percentage Rent: \$1,000

Operating Expense Clause Income: \$3,400

Tax Clause Income: _____

Construction Management Fees: \$37,650

Water Condenser Income: _____

Electric Reimbursement Income: _____

Antenna Income: _____

of antennas: _____

Billboard Income: \$120,000

of boards: 40

Board Size (sm, med, lg): _____ \$250

Parking Income: _____

of spaces: _____

Rate per Space (per mo.): _____

Other Income: _____

Define: _____

SCD

Please complete below:

Ward Parcel

- -

Note: The ward and parcel number above should appear on each page of this form and on any attachments.

SCHEDULE D

Commercial Occupancy

Please provide the following information for all spaces in the property. Indicate the number of spaces and rates by type. **The effective reporting date is 1/1/2025.** If a rental space is vacant on the reporting date, please write "vacant" in the Tenant Name field and include the rentable area. If a rental space is owner-occupied, please write "owner" in the Tenant Name field and include the rentable area.

Additional Sources of Income:

Please provide the following information for all spaces in the property. The effective reporting period is 1/1/2024 to 12/31/2024.

Percentage Rent: _____

Operating Expense Clause Income: _____

Tax Clause Income: _____

Construction Management Fees: _____

Water Condenser Income: _____

Electric Reimbursement Income: _____

Antenna Income: _____

of antennas: _____

Billboard Income: _____

of boards: _____

Board Size (sm, med, lg): _____

Parking Income: _____

of spaces: _____

Rate per Space (per mo.): _____

Other Income: _____

Define _____

SAMPLE

SEF

SCHEDULE E

Parking Facility

Indicate License #: 875

of Parking Spaces: 90

PART 1: Rate Information. Effective reporting date is 1/1/2025. Indicate the number of spaces and rates per space by type.

	Type of Parking	# of Spaces	Parking Rate
Daily	Transient	40	\$25
	Early Bird Special	20	\$18
	Other (Describe):		
Monthly	Regular	30	\$350
	Discount		
	Other (Describe):		
Other			

PART 2: Lease Information. Complete this section if facility is under lease. (ATTACH COPY OF LEASE)

Is Facility Leased? Yes No

Date of Lease (mm/dd/yy): 02 / 14 / 20

Type of Lease: Gross Net

New Tenant or Renewal? Renewal

Lease Rate: \$5,000 per month OR per year.

PART 3: Management Contract information. (ATTACH COPY)

Is facility under a management contract? Yes* No *If YES, Operator: 99 Parking Corp.

Date of Contract: 02 / 14 / 20

Annual Fee: \$16,000

Other (Describe): 10% quarterly gross profi

SCHEDULE F

Building Summary

Occupancy	Total Rentable Area 1/1/2025	Total Vacant Area 1/1/2025	Total Potential Rent 1/1/2025	Total Rent Collected 1/1/2024 - 12/31/2024
Office	3,000	3,000	\$120,000	\$0
Retail	4,500	0	\$225,000	\$210,000
Warehouse				
Manufacture				
Parking				
Studio				
# of 1 BR Apt				
# of 2 BR Apt				
# of 3 BR Apt				
# of 4 BR Apt				
Weekly Rental				
Other	Antennas (3)	0	\$9,000	\$6,000

SEF

SCHEDULE E

Parking Facility

Indicate License #: _____

of Parking Spaces: _____

PART 1: Rate Information. Effective reporting date is 1/1/2025. Indicate the number of spaces and rates per space by type.

	Type of Parking	# of Spaces	Parking Rate
Daily	Transient		
	Early Bird Special		
	Other (Describe):		
Monthly	Regular		
	Discount		
	Other (Describe):		
Other			

PART 2: Lease Information. Complete this section if facility is under lease. (ATTACH COPY OF LEASE)

Is Facility Leased? Yes No

Date of Lease (mm/dd/yy): ____ / ____ / ____

Type of Lease: Gross Net

New Tenant or Renewal? _____

Lease Rate: _____ per month OR _____ per year.

PART 3: Management Contract information. (ATTACH COPY)

Is facility under a management contract? Yes* No *If YES, Operator: _____

Date of Contract: ____ / ____ / ____

Annual Fee: _____

Other (Describe): _____

SCHEDULE F

Building Summary

Occupancy	Total Rentable Area 1/1/2025	Total Vacant Area 1/1/2025	Total Potential Rent 1/1/2025	Total Rent Collected 1/1/2024 - 12/31/2024
Office				
Retail				
Warehouse				
Manufacture				
Parking				
Studio				
# of 1 BR Apt				
# of 2 BR Apt				
# of 3 BR Apt				
# of 4 BR Apt				
Weekly Rental				
Other				

SAMPLE

SCG

SCHEDULE G

Expenses

Please provide the property expense information for the period of 1/1/2024 - 12/31/2024. Columns denote party responsible for each type of payment.

Please complete below:

Ward	Parcel
1 8	- 0 0 6 1 0 - 0 0 0

Note: The ward and parcel number above should appear on each page of this form and on any attachments.

	EXPENSES	Building		Parking	
		OWNER	TENANT	OWNER	TENANT
Administrative	Payroll	\$45,000		\$5,000	\$25,000
	Management	\$20,000		\$5,000	
	Legal	\$9,000	\$2,000	\$2,000	\$2,000
	General Services	\$4,000		\$1,000	\$1,500
	Security	\$0		\$0	\$8,000
	TOTAL	\$78,000	\$2,000	\$13,000	\$36,500
Cleaning	Payroll	\$15,000			\$5,000
	Contracts	\$28,000	\$2,000		\$2,000
	Supplies	\$10,000			\$5,000
	Trash	\$12,000			\$2,000
	Miscellaneous	\$0			\$0
	TOTAL	\$65,000	\$2,000	\$0	\$14,000
Repair & Maintenance	Payroll	\$30,000		\$10,000	\$10,000
	Elevators	\$10,000			
	Heat/Cool (HVAC)	\$8,000			
	Electrical	\$20,000			\$5,000
	Plumbing	\$5,000			
	Supplies	\$8,000			\$2,000
Utilities	Miscellaneous	\$0			
	TOTAL	\$81,000	\$0	\$10,000	\$17,000
	Electric	\$15,000			
	Tenant Electric	\$75,000			\$25,000
	Gas	\$5,000			
	Oil	\$20,000			
Leasing Expenses	Steam				
	Water	\$15,000	\$3,000		\$8,000
	TOTAL	\$130,000	\$3,000	\$0	\$33,000
	Advertising	\$10,000			\$5,000
	Commissions	\$5,000	\$5,000		
	Free Rent	\$80,000			
Fixed Expenses	Tenant Fit Out	\$300,000	\$75,000		
	Lease Buyouts	\$0			
	TOTAL	\$395,000	\$80,000	\$0	\$5,000
	Building Insurance	\$16,000	\$4,000		
	Replacement Reserves	\$18,000		\$2,000	
	Extraordinary Expenditures*				
<i>*Please describe:</i>					
	TOTAL	\$34,000	\$4,000	\$2,000	\$0
	GRAND TOTAL	\$783,000	\$91,000	\$25,000	\$105,500
COMBINED OWNER & TENANT TOTAL				\$1,004,500	

Please complete below:

Ward

Parcel

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Note: The ward and parcel number above should appear on each page of this form and on any attachments.

SCHEDULE G**Expenses**

Please provide the property expense information for the period of 1/1/2024 - 12/31/2024. Columns denote party responsible for each type of payment.

	EXPENSES	Building		Parking	
		OWNER	TENANT	OWNER	TENANT
Administrative	Payroll				
	Management				
	Legal				
	General Services				
	Security				
	TOTAL				
Cleaning	Payroll				
	Contracts				
	Supplies				
	Trash				
	Miscellaneous				
	TOTAL				
Repair & Maintenance	Payroll				
	Elevators				
	Heat/Cool (HVAC)				
	Electrical				
	Plumbing				
	Supplies				
	Miscellaneous				
	TOTAL				
Utilities	Electric				
<input type="checkbox"/> Check here if property is separately metered.	Tenant Electric				
	Gas				
	Oil				
	Steam				
	Water				
	TOTAL				
Leasing Expenses	Advertising				
	Commissions				
	Free Rent				
	Tenant Fit Out				
	Lease Buyouts				
	TOTAL				
Fixed Expenses	Building Insurance				
	Replacement Reserves				
	Extraordinary Expenditures*				
	*Please describe:				
	TOTAL				
	GRAND TOTAL				
		COMBINED OWNER & TENANT TOTAL			

SAMPLE

SCHEDULE H

Capital Improvements

Please describe all capital improvements made during the reporting period. Effective reporting dates are **1/1/2024 - 12/31/2024**.

Please complete below:

Ward	Parcel								
1 8	-	0	0	6	1 0	-	0	0	0

Note: The ward and parcel number above should appear on each page of this form and on any attachments.

SCHEDULE

Lease Costs & Concessions

Please provide the following information concerning all lease activity in the building during the last year. Effective reporting dates are **1/1/2024 - 12/31/2024**.

	Tenant 1	Tenant 2	Tenant 3	Tenant 4	Tenant 5	Tenant 6
Tenant Name	B & B Law	Tyler Sales				
New Tenant or Renewal? (N/R)	N	R				
Tenant Floor(s) (covered in lease)	4	5-6				
Tenant Rentable Area (covered in lease)	10,200	20,400				
Lease Start Date (mm/dd/yy)	07/01/23	02/01/23				
Rent Start Date (mm/dd/yy)	10/01/23	02/01/23				
Lease Terms (years)	7	10				
Tenant Fit Out Allowance	25	10				
Owner Financing Provided? (Y/N)	N	Y				
Term & Rate of Owner Financing	n/a	10/5.5%				
TI Loan Repayable as Additional Rent? (Y/N)	N	Y				
Floor Level to be Fit Out	4	5				
Rentable Area to be Fit Out	10,200	10,200				
# Free Rent Months	3	0				
Free Rent Term Rental Rate	42	n/a				
Commission Cost per SF	\$7.50	\$6.00				
Inside Broker or Outside Broker?	Outside	Inside				

SHI

Please complete below:

Ward

Parcel

A subtraction problem consisting of three boxes for the answer. The first box contains a minus sign (-). The second box contains a minus sign (-). The third box contains a minus sign (-).

Note: The ward and parcel number above should appear on each page of this form and on any attachments.

SCHEDULE H

Capital Improvements

Please describe all capital improvements made during the reporting period. Effective reporting dates are **1/1/2024 - 12/31/2024**.

SCHEDULE

Lease Costs & Concessions

Please provide the following information concerning all lease activity in the building during the last year. Effective reporting dates are **1/1/2024 - 12/31/2024**.

	Tenant 1	Tenant 2	Tenant 3	Tenant 4	Tenant 5	Tenant 6
Tenant Name						
New Tenant or Renewal? (N/R)						
Tenant Floor(s) (covered in lease)						
Tenant Rentable Area (covered in lease)						
Lease Start Date (mm/dd/yy)						
Rent Start Date (mm/dd/yy)						
Lease Terms (years)						
Tenant Fit Out Allowance						
Owner Financing Provided? (Y/N)						
Term & Rate of Owner Financing						
TI Loan Repayable as Additional Rent? (Y/N)						
Floor Level to be Fit Out						
Rentable Area to be Fit Out						
# Free Rent Months						
Free Rent Term Rental Rate						
Commission Cost per SF						
Inside Broker or Outside Broker?						

SAMPLE

SCJ

SCHEDULE J

Hotel/Motel/Income/Expense Requisition

Please provide the property expense information for the period
1/1/2024 - 12/31/2024.

Please complete below:

Ward	Parcel
1 8	- 0 0 6 1 0 - 0 0 0

Note: The ward and parcel number above should appear on each page of this form and on any attachments.

GENERAL INFORMATION: Number of Rooms: 120
Occupancy %: 76%
Average Daily Rate: \$248.56

		Amount (\$)
REVENUE	Room	\$8,274,065
	Parking	\$1,664,400
	Beverage	\$665,760
	Telephone	\$83,220
	Lease Revenue*	\$300,000
	Parking	\$0
	Meeting Rooms	\$0
	Retail Shop(s)	\$0
	Other Income*	\$300,000
	TOTAL REVENUE	\$11,287,445
DEPARTMENTAL EXPENSES	Room	\$1,654,813
	Cost of Food	\$1,248,300
	Cost of Beverage	\$466,032
	Telephone	\$255,000
	Department Expense*	\$0
	Miscellaneous Expenses*	\$50,000
	TOTAL DEPARTMENTAL EXPENSES	\$3,674,145
	Administration/General	\$790,121
	Management Charges	\$225,750
	Incentive Management	\$0
UNALLOCATED EXPENSES	Marketing	\$677,247
	Repairs/Maintenance*	\$400,000
	Energy*	\$451,900
	TOTAL UNALLOCATED EXPENSES	\$2,545,018
	Insurance	\$101,587
	Municipal Charges	\$18,000
	Return on Personal Property*	\$225,750
	Return of Personal Property*	\$225,750
	TOTAL FIXED EXPENSES	\$571,087
	Franchise Fee*	\$0
OTHER EXPENSES	Reserve for Replacement	\$325,000
	Ground Rent	\$0
	TOTAL OTHER EXPENSES	\$325,000

*Please provide detailed documentation.

SCJ**SCHEDULE J****Hotel/Motel/Income/Expense Requisition**

Please provide the property expense information for the period
1/1/2024 - 12/31/2024.

GENERAL INFORMATION: Number of Rooms: _____
Occupancy %: _____
Average Daily Rate: _____

Please complete below:

Ward _____

Parcel _____

	-						-				
--	---	--	--	--	--	--	---	--	--	--	--

Note: The ward and parcel number above should appear on each page of this form and on any attachments.

		Amount (\$)
REVENUE	Room	
	Parking	
	Beverage	
	Telephone	
	Lease Revenue*	
	Parking	
	Meeting Rooms	
	Retail Shop(s)	
	Other Income*	
	TOTAL REVENUE	
DEPARTMENTAL EXPENSES	Room	
	Cost of Food	
	Cost of Beverage	
	Telephone	
	Department Expense*	
	Miscellaneous Expenses*	
	TOTAL DEPARTMENTAL EXPENSES	
	Administration/General	
	Management Charges	
	Incentive Management	
Unallocated Expenses	Marketing	
	Repairs/Maintenance*	
	Energy*	
	TOTAL UNALLOCATED EXPENSES	
	Insurance	
	Municipal Charges	
	Return on Personal Property*	
FIXED EXPENSES	Return of Personal Property*	
	TOTAL FIXED EXPENSES	
	Franchise Fee*	
	Reserve for Replacement	
	Ground Rent	
OTHER EXPENSES	TOTAL OTHER EXPENSES	

*Please provide detailed documentation.