

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: CL      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:**

5

## 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: \_\_\_\_\_

**THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE**

**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 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.*

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

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

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?

☐ Subsequent owner

☐ Tenant with obligation to pay more than 50% of tax

☐ Mortgagee in possession

☐ 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"/> | \$    |
| <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.

# 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"/> |

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) |
|------------------|---------------|-------------|-------------------------|
|                  |               | \$          |                         |
|                  |               | \$          |                         |
|                  |               | \$          |                         |

☐ **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? \$ \_\_\_\_\_

Additional Comments. Use separate page if necessary.

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# 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              |
| 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: \_\_\_\_\_

**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 bathroom       | 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 |

### 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 floor levels 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     Other kitchen 1 Full bath

1 Half bath     Other: \_\_\_\_\_

**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

Please complete below:

Ward                      Parcel

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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) \_\_\_\_\_

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):

|         |             |               |                |                 |                |                        |               |                |
|---------|-------------|---------------|----------------|-----------------|----------------|------------------------|---------------|----------------|
| EXAMPLE | 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              |
|         | 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: \_\_\_\_\_

**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 |

## 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 floor levels 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: \_\_\_\_\_

**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 #<br>Rooms | Rent per Month | (Rent Incentives) |           | Tenant<br>Start Date<br>(mm/yy) | Heat<br>Included?<br>(Y/N) | New or<br>Renewing<br>Tenant? |
|---------------|-------------|------------------|----------------|-------------------|-----------|---------------------------------|----------------------------|-------------------------------|
|               |             |                  |                | Free<br>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?<br>(Y/N) | Valet?<br>(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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FY 2026 Information Requisition



SCHEDULE C  
Residential Occupancy  
Apartment/Lodging Use

Please complete below:

Ward

Parcel

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 #<br>Rooms | Rent per Month | (Rent Incentives) |           | Tenant<br>Start Date<br>(mm/yy) | Heat<br>Included?<br>(Y/N) | New or<br>Renewing<br>Tenant? |
|---------------|-------------|------------------|----------------|-------------------|-----------|---------------------------------|----------------------------|-------------------------------|
|               |             |                  |                | Free<br>Months    | \$ Amount |                                 |                            |                               |
| Studio        |             |                  | \$             |                   | \$        |                                 |                            |                               |
|               |             |                  |                |                   |           |                                 |                            |                               |
|               |             |                  |                |                   |           |                                 |                            |                               |
| One Bedroom   |             |                  |                |                   |           |                                 |                            |                               |
|               |             |                  |                |                   |           |                                 |                            |                               |
|               |             |                  |                |                   |           |                                 |                            |                               |
| Two Bedroom   |             |                  |                |                   |           |                                 |                            |                               |
|               |             |                  |                |                   |           |                                 |                            |                               |
|               |             |                  |                |                   |           |                                 |                            |                               |
| Three Bedroom |             |                  |                |                   |           |                                 |                            |                               |
|               |             |                  |                |                   |           |                                 |                            |                               |
|               |             |                  |                |                   |           |                                 |                            |                               |
| Four Bedroom  |             |                  |                |                   |           |                                 |                            |                               |
|               |             |                  |                |                   |           |                                 |                            |                               |
|               |             |                  |                |                   |           |                                 |                            |                               |
| Weekly        |             |                  |                |                   |           |                                 |                            |                               |
|               |             |                  |                |                   |           |                                 |                            |                               |
|               |             |                  |                |                   |           |                                 |                            |                               |

2. Parking:

| Tenant/Occupant | Rent per Month | Indoor/Outdoor | Tandem?<br>(Y/N) | Valet?<br>(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:

# SCD

## SCHEDULE D

### Commercial Occupancy

**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.

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.

[illegible]

### 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: _____               |   |

SCHEDULE D  
Commercial Occupancy

Please complete below:

Ward

Parcel

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

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.

| Floor Level | Tenant Name | Use of Space | Rentable Area | Rental Rate per SF 1/1/25 | Lease Start Date (complete Schedule I for all 2024 leases) | Lease Terms (years) | Gross/Net Basis Lease | Unit Directly Metered Electricity? (Y/N) | Electric Reimbursement per SF |
|-------------|-------------|--------------|---------------|---------------------------|--|---------------------|-----------------------|--|-------------------------------|
|             |             |              |               | \$                        |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |
|             |             |              |               |                           |  |                     |                       |  |                               |

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

FY 2026 Information Requisition

# SAMPLE

## SEF

## SCHEDULE E

### Parking Facility

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.

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<br>1/1/2025 | Total Vacant Area<br>1/1/2025 | Total Potential Rent<br>1/1/2025 | Total Rent Collected<br>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                                       |

FY 2026 Information Requisition

SCHEDULE E  
Parking Facility

Please complete below:

Ward

-

Parcel

-

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

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<br>1/1/2025 | Total Vacant Area<br>1/1/2025 | Total Potential Rent<br>1/1/2025 | Total Rent Collected<br>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   |
|                      | Miscellaneous                 | \$0       |          |             |           |
|                      | TOTAL                         | \$81,000  | \$0      | \$10,000    | \$17,000  |
| Utilities            | Electric                      | \$15,000  |          |             |           |
|                      | Tenant Electric               | \$75,000  |          |             | \$25,000  |
|                      | Gas                           | \$5,000   |          |             |           |
|                      | Oil                           | \$20,000  |          |             |           |
|                      | Steam                         |           |          |             |           |
|                      | Water                         | \$15,000  | \$3,000  |             | \$8,000   |
|                      | TOTAL                         | \$130,000 | \$3,000  | \$0         | \$33,000  |
|                      |                               |           |          |             |           |
| Leasing Expenses     | Advertising                   | \$10,000  |          |             | \$5,000   |
|                      | Commissions                   | \$5,000   | \$5,000  |             |           |
|                      | Free Rent                     | \$80,000  |          |             |           |
|                      | Tenant Fit Out                | \$300,000 | \$75,000 |             |           |
|                      | Lease Buyouts                 | \$0       |          |             |           |
|                      | TOTAL                         | \$395,000 | \$80,000 | \$0         | \$5,000   |
| Fixed Expenses       | Building Insurance            | \$16,000  | \$4,000  |             |           |
|                      | Replacement Reserves          | \$18,000  |          | \$2,000     |           |
|                      | Extraordinary Expenditures*   |           |          |             |           |
|                      | *Please describe:             |           |          |             |           |
|                      | 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 |           |

FY 2026 Information Requisition

# SCHEDULE G

## Expenses

Please complete below:

Ward      Parcel

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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

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                                 |             |        |         |        |
|                      | <b>TOTAL</b>                             |             |        |         |        |
| Cleaning             | Payroll                                  |             |        |         |        |
|                      | Contracts                                |             |        |         |        |
|                      | Supplies                                 |             |        |         |        |
|                      | Trash                                    |             |        |         |        |
|                      | Miscellaneous                            |             |        |         |        |
|                      | <b>TOTAL</b>                             |             |        |         |        |
| Repair & Maintenance | Payroll                                  |             |        |         |        |
|                      | Elevators                                |             |        |         |        |
|                      | Heat/Cool (HVAC)                         |             |        |         |        |
|                      | Electrical                               |             |        |         |        |
|                      | Plumbing                                 |             |        |         |        |
|                      | Supplies                                 |             |        |         |        |
|                      | Miscellaneous                            |             |        |         |        |
|                      | <b>TOTAL</b>                             |             |        |         |        |
| Utilities            | Electric                                 |             |        |         |        |
|                      | Tenant Electric                          |             |        |         |        |
|                      | Gas                                      |             |        |         |        |
|                      | Oil                                      |             |        |         |        |
|                      | Steam                                    |             |        |         |        |
|                      | Water                                    |             |        |         |        |
|                      | <b>TOTAL</b>                             |             |        |         |        |
|                      | Leasing Expenses                         | Advertising |        |         |        |
| Commissions          |  |             |        |         |        |
| Free Rent            |  |             |        |         |        |
| Tenant Fit Out       |  |             |        |         |        |
| Lease Buyouts        |  |             |        |         |        |
| <b>TOTAL</b>         |  |             |        |         |        |
| Fixed Expenses       | Building Insurance                       |             |        |         |        |
|                      | Replacement Reserves                     |             |        |         |        |
|                      | Extraordinary Expenditures*              |             |        |         |        |
|                      | <i>*Please describe:</i>                 |             |        |         |        |
|                      | <b>TOTAL</b>                             |             |        |         |        |
|                      | <b>GRAND TOTAL</b>                       |             |        |         |        |
|                      | <b>COMBINED OWNER &amp; TENANT TOTAL</b> |             |        |         |        |

# SCHEDULE H

## Capital Improvements

**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.

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

[illegible]

## SCHEDULE I

### 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      |          |          |          |          |

FY 2026 Information Requisition



SCHEDULE H  
Capital Improvements

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

| Description of Item | Total Project Cost | Total Spent as of 12/31/2024 | Project Start Date (mm/dd/yy) | Project End Date (mm/dd/yy) |
|---------------------|--------------------|------------------------------|-------------------------------|-----------------------------|
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |
|                     |                    |                              |                               |                             |

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 I  
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?            |          |          |          |          |          |          |

## SCHEDULE J

# 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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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

GENERAL INFORMATION:      Number of Rooms: \_\_\_\_\_  
    Occupancy %: \_\_\_\_\_  
    Average Daily Rate: \_\_\_\_\_

Amount (\$)

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

\*Please provide detailed documentation.