



City of Boston Assessing Department  
**FY 2026 APPLICATION FOR ABATEMENT OF REAL ESTATE**  
**TAX** Mass General Laws Ch. 59 § ,59

**APPLICATION #:**

**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):Class:Total Full Valuation: \$

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

Applicant\* (if not assessed owner):

Location:

Street No.Street Name

Zip Code:

\*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 OwnerDate (mm/dd/yy)

Applicant’s Name (Last Name, First)

Mailing Address (Number and Street Name)

CityStateZip 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 RepresentativeDate (mm/dd/yy)

Representative’s Name (Last Name, First)

Firm Name

Mailing Address (Number and Street Name)

CityStateZip 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:**

**PARCEL:**



City of Boston Assessing Department **FY**  
**2026 INFORMATION REQUISITION**  
 Mass General Laws Ch. 59, § 61A

## Property Identification:

Parcel: \_\_\_\_\_ Class: \_\_\_\_\_ Total Full Valuation: \$ \_\_\_\_\_  
 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 Bsm							
Bsm	-	-	-	-	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 # 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? (Y/N)	Valet? (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 # 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

### 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.

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
B	Joe's Cafe	Restaurant	5,000	25	10/01/24	10	Net	Y	\$0.00
1	Main Street Bank	Bank	4,500	75	10/01/24	10	Net	Y	\$0.00
1	Mike's Music	Office	5,000	60	09/01/24	10	Gross	N	\$2.00
2	Smith Realty	Office	10,200	40	06/30/24	7	Gross	N	\$1.25
3	Jones Insurance	Office	10,200	35	05/01/24	5	Gross	N	\$1.00
4	Brown & Brown Law	Office	10,200	42	07/01/24	7	Gross	N	\$1.50
5-6	Tyler Sales	Office	20,400	48	03/01/24	10	Gross	N	\$1.50
7	Vacant	Office	10,200						
8	Owner	Office	5,000						

#### 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

# 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 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

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 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
	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*				
	*Please describe:				
	<b>TOTAL</b>				
	<b>GRAND TOTAL</b>				
	<b>COMBINED OWNER &amp; TENANT TOTAL</b>				

# SAMPLE

## SHI

## 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**.

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)
Lavatories	\$45,000	\$45,000	02/01/24	05/13/24
Windows	\$15,000	\$15,000	10/28/24	12/01/24
Elevators	\$250,000	\$70,000	05/01/24	08/01/24

## 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?						

# SAMPLE

## 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:    120  
    Occupancy %:    76%  
    Average Daily Rate:    \$248.56

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.

		Amount (\$)
REVENUE	Room	\$8,274,065
	Parking	\$1,664,400
	Beverage	\$665,760
	Telephone	\$83,220
	Other Departments	
	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
Unallocated Expenses	Administration/General	\$790,121
	Management Charges	\$225,750
	Incentive Management	\$0
	Marketing	\$677,247
	Repairs/Maintenance*	\$400,000
	Energy*	\$451,900
	TOTAL UNALLOCATED EXPENSES	\$2,545,018
FIXED EXPENSES	Insurance	\$101,587
	Municipal Charges	\$18,000
	Return on Personal Property*	\$225,750
	Return of Personal Property*	\$225,750
	TOTAL FIXED EXPENSES	\$571,087
OTHER EXPENSES	Franchise Fee*	\$0
	Reserve for Replacement	\$325,000
	Ground Rent	\$0
	TOTAL OTHER EXPENSES	\$325,000

\*Please provide detailed documentation.

FY 2026 Information Requisition

# 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.