

Rutherford County Income and Expense Questionnaire for Hospitality Properties for Year 2020

Property Type: (Full/Ltd., Service, Extended Stay, etc.) _____

Property Address: _____

Project Name: _____

Parcel: _____ Acct #: _____

Total number of rooms: _____

Total number of rooms out of service for 2019 - in room nights: _____

Total number of room nights: _____

Gross area of meeting/conference facilities: _____

Capacity of meeting/conference facilities: _____

Average daily room rate achieved in 2019: _____

Percentage of occupancy achieved in 2019: _____

Projected average daily room rate for 2020: _____

Average room rates achieved in 2019:

	Single	Double	Group

2019 REVENUES

- 1) Rooms: \$ _____
- 2) Food & Beverage: \$ _____
- 3) Entertainment: \$ _____
- 4) Vending: \$ _____
- 5) Meeting/Conference Rental: \$ _____
- 6) Other: _____ \$ _____
- 7) Other: _____ \$ _____

2019 EXPENSES

- 1) Property Management Fee: \$ _____
- 2) Accounting & Legal Fees: \$ _____
- 3) Repairs and Maintenance: \$ _____
- 4) Interior Painting: \$ _____
- 5) Trash Removal: \$ _____
- 6) Lawn Care – Landscaping: \$ _____
- 7) Pest Control: \$ _____
- 8) Salaries & Wages: \$ _____
- 9) Contract Cleaning: \$ _____

Management Firm or Agent

Does the management firm or agent have an ownership interest in the property?

Yes No

If yes, please attach explanation

Management Firm/Agent
Contact Information

Are operating expenses paid to any person(s) with an ownership interest?

Yes No

If yes, please attach explanation

How are Franchise Fees
calculated?

How are Management Fees
Calculated?

Attach explanation if necessary

- 10) Laundry, Linen & Guest Supplies: \$ _____
- 11) Commissions: \$ _____
- 12) Franchise Fee: \$ _____
- 13) Utilities
 - a) Electric: \$ _____
 - b) Water/Sewer: \$ _____
 - c) Gas: \$ _____
 - d) Other: _____ \$ _____
- 14) Property Taxes: \$ _____
- 15) Capital Improvements: \$ _____
- 16) Annual Property Insurance: \$ _____

**LONG LIVED ITEMS THAT
HAVE BEEN REPLACED**

	<u>COST NEW</u>	<u>YEAR ITEM REPLACED</u>
17) Roof Cover:	\$ _____	_____
18) Furniture:	\$ _____	_____
19) Heat & Cool Systems:	\$ _____	_____
20) Floor Cover:	\$ _____	_____
21) Plumbing Fixtures:	\$ _____	_____
22) Hot Water Heaters:	\$ _____	_____
23) Exterior Painting:	\$ _____	_____

Please Indicate the Following:

Year Purchased: _____ Purchase Price: \$ _____
 Year Built: _____ Construction Cost: \$ _____

Management Firm: _____ Phone: _____
 Address: _____ Date: _____

All information, including the accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief are true, correct, and complete.

Title: _____
 Print Name: _____
 Signature: _____