

# Rutherford County Income and Expense Questionnaire for Multi-Family Properties for Year 2021

Property Address: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Apartment Name: \_\_\_\_\_

Manager's Apartment Furnished? \_\_\_\_\_

Total Number of Apartments: \_\_\_\_\_

What Type? \_\_\_\_\_

Parcel: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Total of all Actual Rent Collected in 2020: \_\_\_\_\_

Miscellaneous Income (vending, laundry, etc.): \_\_\_\_\_

<u>Typical Leasing Term</u>	One Bedroom: _____
	Two Bedroom: _____
	Three Bedroom: _____

Rent Rolls or other information may be attached to this form. Income and expense information provided by a third party may be attached, but we request they be signed by the preparer.

*Thank you*

Unit Mix:	No. of Apts.	No. of Baths	Fireplace Y or N	Washer & Dryer Hook-Up?	Rent Per Month	Sq. Ft. Per Unit	1-Jan Number Vacant	Waiting List
Efficiency								
ONES								
ONES								
TWOS								
TWOS								
THREES								
THREES								

- 1) Property Management Fee: \$ \_\_\_\_\_
- 2) Accounting and Legal Fees: \$ \_\_\_\_\_
- 3) Repairs and Maintenance: \$ \_\_\_\_\_
- 4) Interior Painting: \$ \_\_\_\_\_
- 5) Trash Removal: \$ \_\_\_\_\_
- 6) Lawn Care – Landscaping: \$ \_\_\_\_\_
- 7) Pest Care: \$ \_\_\_\_\_
- 8) Utilities:
 

a) Electric	\$ _____		<u>Furnished? Y/N</u>	_____
b) Water/Sewer	\$ _____			_____
c) Gas	\$ _____			_____
d) Other	\$ _____			_____
- 9) Property Taxes \$ \_\_\_\_\_
- 10) Capital Improvements \$ \_\_\_\_\_
- 11) Annual Property Insurance \$ \_\_\_\_\_

**If this Project is Government Subsidized, Please Indicate Type of Program:**

221 Program \_\_\_\_\_

Specify Program \_\_\_\_\_

236 Int. Assist \_\_\_\_\_

AUD Program \_\_\_\_\_

THDA \_\_\_\_\_

LIHTC \_\_\_\_\_

Section 8 \_\_\_\_\_

Other (Specify) \_\_\_\_\_

TYPE OF RENT:

MARKET \_\_\_\_\_

BASIC \_\_\_\_\_

TYPE OF SUBSIDY

RENTAL \_\_\_\_\_

LOAN \_\_\_\_\_

TENANT BASED \_\_\_\_\_

PROJECT BASED \_\_\_\_\_

Please return the completed form to:  
 Rutherford County Property Assessor's Office  
 Attn: John Shearron  
 319 North Maple Street Suite 200  
 Murfreesboro, TN 37130  
 or via email at the following: [jshearron@rutherfordcountyttn.gov](mailto:jshearron@rutherfordcountyttn.gov)

**Long Lived Items and Concessions on Back**

<u>Items to be Replaced</u>	<u>Cost New</u>	<u>Year Item Replaced</u>
12) Roof Cover	\$ _____	_____
13) Appliances	\$ _____	_____
14) Heat & Cool Systems	\$ _____	_____
15) Floor Cover	\$ _____	_____
16) Plumbing Fixtures	\$ _____	_____
17) Hot Water Heaters	\$ _____	_____
18) Exterior Painting	\$ _____	_____

<u>Rent Concessions</u>		
As of January 1, 2020		
Unit Type	Amount	Total

Attach additional schedule if necessary.

**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: \_\_\_\_\_

**Comments:**

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