

Property Location:	Apartment Property	City of Marlborough – Fiscal Year 2026
Parcel ID #:	Rental Income Statement	Calendar Yr. 2024 for January 1, 2025

PLEASE COMPLETE GRID OR ATTACH RENT ROLL WITH SAME INFORMATION:

Occupancy Information:								
Floor Level	# Bedrooms/ #Baths	Heat Incl. (Yes/No)	Electricity Incl. (Yes/No)	Monthly Rent	Annual Rent	Lease Or TAW	Furnished or Unfurnished	Parking
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

<i>Property Breakdown</i>	# of Units	Avg. Monthly Rent	Owner/Family Occupied? (Y/N)	<i>Parking Information</i>	Total # of Spaces	Single Space Monthly		
Studio		\$		Indoor		\$	Percent Owner Occupied _____%	
One		\$		Outdoor		\$	Owner Occupied Area _____ Sq. Ft.	
Two		\$		Total:				
Three		\$		Comments:				
Four		\$						
Total # of Units:								
Total # Vacant Jan.1								

Calendar Year Income Summary

Total Potential Gross Income	Total Concessions (-)	Total Vacancies (-)	Total Collection Loss (-)	Total Parking Income (+)	Total Other Income (+) (Laundry, Vending, Etc.)	Total Rent Collected
\$	(\$)	(\$)	(\$)	\$	\$	\$

Annual Expenses

Parcel ID #:	(Expenses for Calendar Year: 2024)				
City of Marlborough	Landlord Amount	Tenant Amount		Landlord Amount	Tenant Amount
Management & Administrative			Maintenance & Cleaning		
Management Wages or Fee	\$	\$	Wages	\$	\$
Legal & Accounting	\$	\$	Supplies	\$	\$
Security Wages	\$	\$	Maint. Service Contract Fee	\$	\$
Payroll	\$	\$	Grounds Keeping	\$	\$
Group Insurance	\$	\$	Rubbish Removal	\$	\$
Telephone	\$	\$	Snow Removal	\$	\$
Advertising	\$	\$	Exterminator	\$	\$
Commissions	\$	\$	Other	\$	\$
Other	\$	\$		\$	\$
Total	\$	\$	Total	\$	\$
Repairs & Alterations (Maint.)			Capital Improvements		
Exterior	\$	\$	Description:		
Interior	\$	\$		\$	\$
Mechanical	\$	\$		\$	\$
Electrical	\$	\$		\$	\$
Plumbing	\$	\$	Total	\$	\$
Total	\$	\$	Tenant Build-Out		\$
Utilities			Other Expenses		
Electricity	\$	\$	Real Estate Taxes	\$	\$
Gas	\$	\$	Reserve for Replacement	\$	\$
Oil	\$	\$	Apartments for Employees	\$	\$
Water	\$	\$	Property Insurance (1 yr. Prem.)	\$	\$
Sewer	\$	\$		\$	\$
Total	\$	\$	Total	\$	\$
Comments:					

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Signature: _____ **Print Name:** _____ **Date:** _____ **Phone:** _____