



# Commercial Office Income/Expense Survey

## Harrison Township Assessor

167 Oak St, Terre Haute, IN 47807  
Phone (812) 462-3271 Fax (812) 462-3273  
\*\*PRIVILEGED and CONFIDENTIAL\*\*

### Section A: Owner/Filer Information

Owner Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### Section B: Property Information

Complex Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Gross Sq Ft: \_\_\_\_\_  
Parcel(s): \_\_\_\_\_

### Section C: General Information

Property is 100% owner occupied: Yes \_\_\_\_\_ No \_\_\_\_\_  
If the answer is yes, please complete 1st page and return to the above address.  
If the answer is no, please complete the remaining pages and return to the above address.  
Lease Type: Net \_\_\_\_\_ Double Net \_\_\_\_\_ Triple Net \_\_\_\_\_  
Gross Building Square Ft: \_\_\_\_\_  
Net Leasable Square Ft: \_\_\_\_\_

### Section D: Vacancy Information

2017 \_\_\_\_\_ sq ft rentable \_\_\_\_\_ % vacant  
2016 \_\_\_\_\_ sq ft rentable \_\_\_\_\_ % vacant  
Actual loss of income in 2017 from bad accounts: \$ \_\_\_\_\_  
Current market rent per sq ft for vacant space: \$ \_\_\_\_\_

### Section E: Capital Improvements, Renovations

Has the property had Capital improvements or Capital renovations during the reporting period? Yes No  
If yes, please provide a total cost here and attach a detailed list of improvements on a separate page.  
Total Capital Cost: \$ \_\_\_\_\_  
Do you fund a reserve for future capital improvements? Yes No  
If yes, what is the annual amount? \$ \_\_\_\_\_

### Section F: Appraisals & Sales

Appraisal information:  
Has there been a professional appraisal on this real property in the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, appraiser's estimate of value \$ \_\_\_\_\_ Date of value: \_\_\_\_\_

### Section G: Sales Information:

Date Acquired: \_\_\_\_\_ Price  
Date Sold: \_\_\_\_\_ Price  
Is the property currently available for sale: \$ \_\_\_\_\_

### Section H: Please submit your last three years (2015, 2016, & 2017) Income & Expense Information to complete this filing.

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete. Contact Person: \_\_\_\_\_  
Management Firm (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

