



# TOWN OF FOXBOROUGH

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## OFFICE OF THE BOARD OF ASSESSORS

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### INCOME AND EXPENSE STATEMENT FISCAL YEAR 2020

### MINI-STORAGE / WAREHOUSE

Please Return to:  
Town of Foxborough  
40 South Street  
Foxborough, MA 02035

**NOTE: SIGNATURE IS REQUIRED ON BACK PAGE**

OWNER NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

TOTAL NUMBER OF UNITS: \_\_\_\_\_ RV/BOAT SPACES: \_\_\_\_\_ OTHER: \_\_\_\_\_

<u>UNIT SIZES</u>	<u>RENT PER MONTH</u>	<u>NUMBER OF UNITS</u>
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____
_____ ft. x _____ ft.	\$ _____	_____

Does manager live on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give total square feet living area. _____
Does owner live on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give total square feet living area. _____

**INCOME DATA SUMMARY:** Provide latest two year history.

	<u>Year (2017)</u>	<u>Year (2018)</u>
POTENTIAL GROSS INCOME (100% OCCUPANCY)	= \$ _____	\$ _____
VACANCY AND COLLECTION LOSS	- _____	- _____
ADJUSTED GROSS INCOME	= _____	= _____
OTHER INCOME (VEHICLE STORAGE, OTHER*)	+ _____	+ _____
EFFECTIVE GROSS INCOME	= _____	= _____
TOTAL OF ALL EXPENSES	- _____	- _____
NET OPERATING INCOME	= \$ _____	= \$ _____

\*OTHER INCOME INCLUDES STORAGE, DEFAULT AND LOCK SALES, BUT EXCLUDES TRUCK RENTAL INCOME.

**MINI-STORAGE WAREHOUSE EXPENSE DATA**

Please provide a 2 year history

NOTE: FOR PROPER ANALYSIS, ALL EXPENSES REPORTED SHOULD BE THE **ACTUAL** INCURRED EACH YEAR.

**DISALLOWED EXPENSES:** DEPRECIATION, MORTGAGE DEBT SERVICE and PROPERTY TAX.

<u>ACTUAL EXPENSES:</u>	<u>YEAR (2017)</u>	<u>YEAR (2018)</u>
ANNUAL INSURANCE	\$ _____	\$ _____
MANAGEMENT / AGENT FEES	\$ _____	\$ _____
ADVERTISING / PROMOTION	\$ _____	\$ _____
ADMINISTRATIVE / SALARIES	\$ _____	\$ _____
GAS / ELECTRIC	\$ _____	\$ _____
WATER / SEWER	\$ _____	\$ _____
TELEPHONE	\$ _____	\$ _____
BLDG. MAINTENANCE & REPAIRS	\$ _____	\$ _____
PARKING LOT & COMMON AREA	\$ _____	\$ _____
SERVICE CONTRACTS	\$ _____	\$ _____
JANITORIAL	\$ _____	\$ _____
SUPPLIES	\$ _____	\$ _____
OTHER EXPENSE (DESCRIBE):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b><u>MAJOR REPLACEMENTS / REPAIRS:</u></b>	\$ _____	\$ _____
PLEASE LIST BELOW:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL OF ALL EXPENSES =</b>	<b>\$ _____</b>	<b>\$ _____</b>

\_\_\_\_\_ Date: \_\_\_\_\_ Signature  
of Owner or Manager

NOTE: Attach any additional documents necessary to itemize expenses or replacements not sufficiently explained above.