# EL PASO COUNTY ASSESSOR
## COMMERCIAL PROPERTY INCOME SURVEY

### Property’s Physical Address:

- ----------------------------------
- ----------------------------------

### Type of Property:

- [ ] Medical Office
- [ ] Neighborhood Center
- [ ] Office Building
- [ ] Retail Store
- [ ] Restaurant
- [ ] Office/Warehouse

### Name of Lessee/Tenant(s):

- ----------------------------------

### Type of Business:

- ----------------------------------

### Business Name:

- ----------------------------------

### Is any of property Owner Occupied? Y / N

- Percentage: _____ %

(If 100%, fill out expenses to building below)

### 2017 2018

#### Annual Lease Rate (SqFt):

- $__________
- $__________

#### Leasable Bldg. Area (SqFt):

- Non-Leasable (SqFt):

#### Total Vacancy Rate:

- 2017
- 2018

### Lease Type:

- [ ] nnn (Triple Net) – expenses paid by tenant
- [ ] Gross – expenses paid by owner & not reimbursed by tenant
- [ ] Modified Gross – expenses split between owner & tenant

### Lease Dates:

- ----------------------------------

### Enter Only Building Expenses 2017 2018

1. Total income from Rent

- $__________
- $__________

2. Total income from all other sources

- (Misc. income for building)

- $__________
- $__________

3. Management Expense of Building

- (Do not include property taxes)

- $__________
- $__________

4. Insurance

- $__________
- $__________

5. Utilities

- $__________
- $__________

6. Maintenance/Repairs

- $__________
- $__________

7. Reserves for Replacement

- $__________
- $__________

8. Supplies & Services for Building

- $__________
- $__________

9. Other

- $__________
- $__________

### Prepared By: ___________________________

### Title: ___________________________

### Telephone: ___________________________

### Date: ___________________________