

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)

Annual Lease Rate (SqFt): _____ \$ _____ 2019 \$ _____ 2020 (Jan-June)

Leasable Bldg. Area (SqFt): _____ Non-Leasable (SqFt): _____

Total Vacancy Rate: _____ 2019 2020 (Jan-June)

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	2019	2020 (Jan-June)
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: _____