

| Property Name | Tax Map ID | Element No. | Property Type |
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**COUNTY OF FAIRFAX, DEPARTMENT OF TAX ADMINISTRATION, REAL ESTATE DIVISION
INSTRUCTIONS FOR COMPLETING
INCOME AND EXPENSE SURVEY FORM
DAYCARE/PRIVATE SCHOOL**

The following instructions are provided to aid you in filling out this survey form. If you have any questions, please call this office at (703) 324-4802.

A. General Information

1. Please provide the property name, year built and any addition years.
2. Please provide the type of property (office, retail, etc), # of elevators and # of stories.
3. Please provide the address of the property.
4. Please provide the 'Trading as' name reported on your business license. Do you have owner occupied space in the building and if so please provide the amount of square feet you occupy.
5. Please provide the total building area of the property including basement and mezzanine space but not parking space.
6. Please provide the total leasable area of the property.
7. Please provide the total basement area of the property. Provide the finished, unfinished and parking area too.
8. Please provide the total number of parking spaces.
9. Please provide the total reserved/rental parking spaces.

B. Debt Service Information

Please provide information in regard to any loan placed on this property within the last five years. Please include any new loans or refinancing of original debt. This information is requested to study the financing trends for this property type to determine typical debt coverage ratios. By obtaining this information we may also be able to see if your particular property is unusual in its financial arrangements.

C. Basic Information

1. Please provide the number of students allowed by zoning/special exception.
2. Please provide the number of students enrolled as of January 1 of the previous year.
3. Please provide the income lost from under capacity enrollment.
4. Please provide the actual income loss from collection, or bad debts.
5. Please provide the current tuition/admission fees.

D. Capital Improvements, Renovations

Capital expenditures are investments in remodeling or replacements that materially add to the value of the property, or appreciably prolong its economic life. Generally, expenditures on materials or equipment with a life of more than one year should be considered capital and included here. If this section applies to your property, please answer yes and list on an attached sheet the items considered to be capital improvements. Enter the total amount of the capital cost for this reporting period only. For each line enter a description of the improvements, the total cost and the life of the improvements in years. The life of the improvements is the number of years the improvement will last, or the number of years over which it will be amortized. This section helps to compile maintenance expenses data for each property type.

Deferred Maintenance items should include major building components which are currently needing repair. If this property has such needed maintenance, please include an itemized listing of the individual items, along with repair cost estimates.

New Construction- Submit most recent AIA Document, G702 and G703 with itemized construction costs and all associated soft costs.

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E. Market Rent, Vacancy, and Tenant Improvement Allowance Information

1. Please provide the amount of vacant space, in square feet, available for lease on January 1 of the current year.
2. Please provide the amount of vacant space, in square feet, available for lease on January 1 of the previous year.
3. Please provide the estimated income loss due to the vacancy reported in questions 1 and 2 above.
4. Please provide the actual income loss from collection, or bad debts.
5. Please provide estimate of market rent as of January 1 of the current year.
6. Please provide current tenant improvement costs on a square foot basis, for relet space and newly leased space.

The vacancy data provided is used in determining vacancy patterns for this property type.

F. Income Information

Please enter the period covered by this income and expense statement. Please round numbers, no decimals.

1. **Primary rental income** – Enter the actual income from rental of space. This is actual gross rent received from the property.
2. **Common area maintenance reimbursement** – Total income received from tenants for their share of the common area maintenance.
3. **Interest earned** - Income to this property from interest earned on capital improvement accounts, reserve accounts and monthly management operating accounts.
4. **Insurance reimbursement** – Monies paid to owner for insurance claims.
5. **Other rental income (specify)** – Rental income for any specially designated space which is not covered by the categories listed above. Specify the type of space to which the income relates.
6. **Miscellaneous (specify)** – Any additional income received not covered in another category.
 - i. Specify the type or source of income.
7. **Total actual income received** – Sum of above income.

G. Annual Operating Expenses

These are expenses necessary to maintain the production of income from operation of the property. Do not include under any expense category items such as ground rent, mortgage interest or amortization, depreciation, personal property tax, income taxes, or capital expenditures. These are not operating expenses. Please include here all other expenses to the property, including those reimbursed by the tenants. Please round your numbers, no decimals.

1. Utilities
 - a. **Water and sewer** – Cost of water and sewer services for this reporting period.
 - b. **Electricity** – Cost of electricity for this reporting period.
 - c. **Other utilities (specify)** – If more than one type of fuel is used, indicate type and total cost.
2. Maintenance and Repairs
 - a. **Maintenance payroll/supplies** – Payroll expenses for maintenance staff, and expenses for maintenance supplies.

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- b. **HVAC repairs** – Maintenance and repair expense for heating, ventilating and air-conditioning. Do not include capital repairs.
- c. **Electric/plumbing repairs** – Maintenance and repair expense for electric and/or plumbing systems.
- d. **Elevator repairs** – Maintenance expense for elevator repairs.
- e. **Roof repairs** – Minor repair and routine maintenance expense of roof. Do not enter the cost to replace entire roof. Roof replacement is a capital expense, which should be shown in Section E.
- f. **Pool/recreational** – Repairs to pool and recreational facilities.
- g. **Common area exterior repairs** – Repairs to the outside of the property not covered elsewhere. Do not include capital items.
- h. **Decorating costs (carpet, paint, etc.)** – Expense of repairs for interior items. Do not include capital items.
- i. **Other repairs/maintenance (specify)** – Maintenance and repair expense not covered in another category. Please specify type of maintenance and/or repair. Do not include capital items.

3. Management and Administrative

- a. **Management fees** – Amount paid to a management company or self for operating the building. Do not count management expenses here if the same administrative costs are shown elsewhere.
- b. **Other administrative/payroll** – Includes advertising, administrative payroll, office supplies, accounting and legal fees. (Please detail each line item. If necessary attach separate sheet).

4. Services

- a. **Janitorial/cleaning (payroll/contract)** – Janitorial and cleaning expenses for the property.
- b. **Landscape (grounds maintenance)** – Landscaping or groundskeeping service expenses.
- c. **Trash** – Expense for trash service.
- d. **Security** – Expense for security service, guards, etc..
- e. **Snow removal** – Expense for snow removal service.

5. Insurance and Taxes

- a. **Fire, casualty insurance** – (reporting period only) Some insurance policies are multi-year contracts. Please include only one year’s cost.
- b. **Other taxes, fees, HOA** – This includes business license tax, personal property taxes, and other taxes, exclusive of real estate taxes.
- c. **Total Operating Expenses** - Sum of all operating expenses.

H. Net Operating Income

Income to the property after all fixed and operating expenses are deducted, but before deducting mortgage interest and depreciation (i.e., total actual income received less total operating expenses, before real estate taxes.)

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I. Real Estate Taxes

J. Rent Mix Information

1. **Tenant name** – Please indicate the tenant and suite number for each leased space. Also indicate each vacant space and its suite number. If lease is not Full Service, place an asterisk (*) in the adjacent box.
2. **Amount of floor space leased** – The square feet of space specified in the lease.
3. **Lease dates** – The effective beginning and ending dates for the leases of the current tenants.
4. **Original annual base rent amount** – The original base (face) rent for the first year of the current lease in total dollars. This amount does not include escalations or reimbursements for any expenses, nor does it include adjustments for free rent or concessions.
5. **Current annual rent amount** – The current amount of rent now being paid for this reporting period. This amount includes CPI or percentage escalations but does not include reimbursements for utilities, common area expenses, or taxes.
6. **Rent escalations (Fixed or CPI)** – Show the percentage increase or CPI factor (Consumer Price Index) from the escalation clause in the lease. The additional income generated by the escalation clause in the lease for this period should be included in current rent.
7. **Common area maintenance** – The annual expense paid by tenant to maintain common areas that are not designed for lease, e.g., parking, sidewalks, landscaped areas, hallways, public restrooms, etc. If common area maintenance is paid separately or not included in the expense stop, show that total dollar amount.
8. **Real estate taxes** – If real estate taxes are reimbursed by the tenant, show the annual amount.
9. **Months free rent** – If there was a period of free rent agreed upon in the lease, show the number of months here. If there was a flat dollar amount, indicate that amount on a separate sheet. Indicate the total amount for the lease term.
10. **Total leasing commission** – If a fee was paid to a leasing company for obtaining a tenant, indicate the amount paid for the entire term of the lease.
11. **Landlord paid build out costs** – If there have been substantial build out costs associated with this lease paid by the landlord, and those costs are not being reimbursed separately by the tenant, indicate the amount.

K. Certification

Certification of this information by the owner or officially authorized representative is required by state law (Code of Virginia 58.1-3294). A copy of this code will be provided upon request. Please print or type the name and title of the person certifying the information. Also, provide the name and phone number of the person to contact with questions about the information. Indicate the type of accounting method employed in completing this survey.



County of Fairfax, Department of Tax Administration

12000 Government Center Pkwy., Suite 357
Fairfax, Virginia 22035-0032

<https://www.fairfaxcounty.gov/taxes/real-estate>
DTAREDSurveys@fairfaxcounty.gov | 703-222-8234
(TTY 711)

Daycare/Private School Income and Expense Survey - Real Estate Division

Calendar Year 2023

For Tax Year 2025

Instructions

Instructions are found as a supplemental document as noted above. Please read these instructions and confirm the statement below before completing your survey.

“I have read and understand the survey instructions.”

A. Property Identification

| | | | |
|---------------|-------------|---------------|-------------------------|
| Property Name | | Owner/Agent | No Longer Owns Property |
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Please list all additional elements included in the income and expense data.

Property Location

| | | | |
|----------|-------------|-----------|-----------------|
| Street # | Street Name | Direction | Suffix |
| City | | | Zip/Postal Code |

Property Improvement Information

| | | | | | |
|--------------------------|---------------|---------------------|------------------------------------|---------------------|--|
| Owner Occupied Yes No | | Owner Occupied SF | | | |
| Year Built | Year Addition | Total Building Area | Total Leasable Area | Total Basement Area | |
| Year Renovated | | Finished Bsmt Area | Unfinished Bsmt Area | Bsmt Parking Area | |
| No. Stories | No. Elevators | No. Parking Spaces | No. Reserved/Rental Parking Spaces | | |

B. Debt Service Information (within the last 5 years)

| | Loan Amount | Loan Date | Term | Interest Rate % | Payment (P & I) | Payment Frequency (Mo. or Year) |
|---|-------------|-----------|------|-----------------|-----------------|------------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |

FOR INTERNAL USE ONLY

| | | | | | | |
|---------|--|------|--|------------------|--|----------------|
| Initial | | Date | | Entered into IAS | | Added to IDOCS |
|---------|--|------|--|------------------|--|----------------|

CONFIDENTIAL

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| C. Basic Information | |
|---|--|
| Capacity (number of students) | |
| Current enrollment (number of students) | |
| Income loss from under enrollment | |
| Income loss from bad debts (reporting period) | |
| Current tuition/admission fee | |

| D. New Construction, Capital Improvements/Renovations, Deferred Maintenance, Leasing Commissions, Tenant Improvements | |
|--|--|
| <p>Have there been Capital Improvements or Capital Renovations to the property during this reporting period?</p> <p style="text-align: center;">Yes No</p> <p>If yes, please provide total cost and attach a detailed list.</p> | |
| <p>Does the property currently have any deferred maintenance?</p> <p style="text-align: center;">Yes No</p> <p>If yes, please provide the total cost to cure and attach an itemized list of the individual items along with cost estimates.</p> | |
| What were the total <u>Leasing Commissions</u> paid during this reporting period? | |
| What were the total <u>Tenant Improvement Costs</u> paid during this reporting period? | |
| <i>New Construction: Attach most recent AIA documents G702 and G703 with all associated soft costs.</i> | |

| E. Market Rent, Vacancy, and Tenant Improvement Allowance Information | | |
|--|---------------------|---------------|
| *Attach Separate Sheet if Necessary | | |
| Current market rent per sq. ft | | |
| Space vacant and available for lease, January 1 (current year) | | |
| Space vacant and available for lease January 1 (prior year) | | |
| Income loss from vacancy (reporting period) | | |
| Income loss from bad debts* (reporting period) | | |
| Please identify any bad debts that you expect to be repaid in 2023 | | |
| Current tenant improvement allowance per sq. ft. | Relet | New Lease |
| Identify tenant (s) leaving the property prior to their contracted lease expiration* (attach more if necessary): | | |
| Tenant Name | Reason for Leaving | Leased SF |
| Contracted Lease Exp Date | Actual Date Vacated | Buyout Amount |
| Is Tenant going to continue to pay the contracted rent? | Yes No | |

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| F. Annual Income (Indicate figure is Imputed by checking box in far-right column) | | |
|---|----|----------|
| For Period | to | |
| | | Amount |
| | | Imputed? |
| Primary Rental Income | | |
| Common Area Maintenance Reimbursement | | |
| Interest Earned | | |
| Insurance Reimbursement | | |
| Other Rental Income (specify) | | |
| Miscellaneous Income* (specify) | | |
| *Include financial aid received from federal, state, local government loans and/or grants (specify) | | |
| <i>Total Annual Income</i> | | |

| G. Annual Operating Expenses | | |
|--|--|--|
| Water and Sewer | | |
| Electricity | | |
| Other Utilities (specify) | | |
| Maintenance Payroll/Supplies | | |
| HVAC Repairs | | |
| Electric/Plumbing Repairs | | |
| Elevator Repairs | | |
| Roof Repairs | | |
| Pool/Recreational Repairs | | |
| Common Area/Exterior Repairs | | |
| Decorating (carpet, paint, etc.) | | |
| Other Repairs and Maintenance (specify) | | |
| Management Fees – (Do not include asset management fees, only property specific mgmt. fees) | | |
| Other Administrative/Payroll (specify or attach detailed sheet on page 4) | | |
| Janitorial/Cleaning | | |
| Landscape (grounds maintenance) | | |
| Trash | | |
| Security | | |
| Snow Removal | | |
| Insurance (One Year, fire and casualty) | | |
| Other Taxes, Fees, HOA | | |
| <i>Total Operating Expenses</i> | | |
| <i>Net Operating Income (Total Actual Income Less Total Expenses before Real Estate Taxes)</i> | | |
| Real Estate Taxes | | |

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J. DAYCARE/PRIVATE SCHOOL TENANT INVENTORY

Please fill out the rent roll on the next page. If there are more tenants than lines available in the table, attach a rent roll that includes the following tenant information. (Annualize rents and expense reimbursements.)

1. Tenant Name/Unit Number
2. Amount of floor space leased (*including vacant space*)
3. Lease dates (Mo/Day/Year to Mo/Day/Year)
4. Original annual base rent amount
5. Current annual rent amount
6. Rent escalations % Fixed or CPI Factor
7. Common area maintenance
8. R.E. taxes (if separate)
9. Months free rent
10. Total leasing commission
11. Landlord paid build out costs

Tenant Inventory:

Other Administrative/Payroll (if applicable):

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| 1. Tenant Name or Unit Number (If Lease is Not Full Space Please Place Asterick Adjacent To It) | 2. Amount of Floor Space Leased | 3. Lease Dates Mo/Day/Yr to Mo/Day/Yr | RENT | | 8. Rent Escalations Fixed or CPI | ADDITIONAL AMOUNTS | | 9. Mo. Free Rent | ADJUSTMENTS | |
|---|--|---|--|--|---|----------------------------------|-----------------------------------|------------------------|------------------------------------|--|
| | | | 4. Original Annual Base Rent Amount | 5. Current Annual Rent Amount | | 7. Common Area Maintenance | 8. R.E. Taxes (If Separate) | | 10. Total Leasing Commission | 11. Landlord Paid Build Out Costs |
| | | | | | | | | | | |
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| ADDITIONAL COMMENTS |
|---|
| Please include any details you feel are necessary for the valuation of this property: |

| ELECTRONIC SURVEYS |
|---|
| Please enter the preferred email for surveys to be sent to (if applicable): |

| CERTIFICATION | | | |
|--|----------------------|----------------|-----------------|
| OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA State law requires certification by the owner or officially authorized representative | | | |
| Name of Management Company | | Contact Person | |
| Street# | Street Name/P.O. Box | Direction | Suffix |
| 2 nd Line of Address | | | |
| Unit/Suite/Floor | City | State/Country | Zip/Postal Code |
| Phone Number | | Email Address | |
| All information including the accompanying schedules, statements, and attachments have been examined by me and to the best of my knowledge and belief are true, correct, and complete. | | | |
| Signature | | Date | |
| Print Name | | Title | |

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