COUNTY OF FAIRFAX, DEPARTMENT OF TAX ADMINISTRATION, REAL ESTATE DIVISION

INSTRUCTIONS FOR COMPLETING INCOME AND EXPENSE SURVEY FORM MOBILE HOME

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

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. Capital Improvements, Renovations, and Deferred Maintenance

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.

D. Rental and Vacancy Information

- 1. Potential Rental Income
 - a. Market rent at 100% occupancy This is the total potential rental income for property during this reporting period. The potential rental income includes all the rental income assuming all mobile home sites are 100% occupied.
- 2. Vacancy and Collection Loss
 - a. **Income loss due to vacancy** Rental loss at current rental rates due to periods of vacancy. Please note the number of vacant sites.
 - b. Income loss due to concession Incentives given to tenants to increase occupancy.
 - c. Total vacancy and collection loss Sum of two above lines.

E. Annual Income (Round numbers, no decimals)

1. Primary rental income - Enter the actual income received from rental of mobile home sites.

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Property Name	Tax Map ID	Element No.	Property Type

- 2. **Laundry income** Total amount of income collected from coin laundry or contractual agreements with laundry machine suppliers.
- 3. **Sales of utilities** Income from the sale of utilities and services in addition to actual rent income. Usually there are cost reimbursements by the tenants over and above the base rent.
- 4. **Common area maintenance reimbursement** Total income received from tenants for their share of the common area maintenance.
- 5. **Interest income** Interest earned on capital improvement reserve accounts, monthly management operating accounts, and bank deposits such as CD's and treasury notes..
- 6. Insurance reimbursement Monies paid to owner's insurance claims.
- 7. Parking rental Income Rental income from parking for RVs, boats, etc.
- 8. **Other rental income (specify)** Other income from rental of other items (furniture for example). Specify what is rented.
- 9. Miscellaneous income (specify) Any additional income received not covered in another category.
- 10. Total actual income received Sum of all income items.

F. Annual Operating Expenses

These are expenses necessary to maintain the production of income from operation of the Mobile Home Park. 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. Round numbers, no decimals.

- 1. Utilities
 - a. Water and sewer Cost of water and sewer services for this reporting period.
 - b. Electricity Electricity expenses.
 - 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.

- b. Electric/plumbing repairs Maintenance expenses for electric or plumbing systems.
- c. **Pool/recreational repairs** Include repairs and routine maintenance expense to pools and recreational facilities.

d. **Common area/exterior repairs** – Repairs and maintenance to the buildings, pools, playgrounds, street and common areas, e.g., parking sidewalks, etc.

e. **Common area/interior repairs (painting, floors, etc.)** – Include the cost of repairs for interior items. Do not include capital items.

f. **Other repairs/maintenance (specify)** – Repair expenses not covered in another category. Please specify type of repair.

Property Name	Tax Map ID	Element No.	Property Type

3. Management and Administrative

a. **Management fees** – Amount paid to a management company or self for operating the Mobile Home Park. 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 Janitorial and cleaning expenses for the property.
- b. Landscaping/grounds Landscaping or grounds keeping 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.

- 6. <u>Total Operating Expenses -</u> Sum of all annual operating expenses.
- 7. <u>Real Estate Taxes</u> Amount paid in real estate taxes for this reporting period. This should reflect any adjustments made in the assessment for the period. Do not include personal property taxes.

G. Certification

Certification of this information by the owner or officially authorized representative is required by state law (<u>Code of Virginia</u> 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 <u>https://www.fairfaxcounty.gov/taxes/real-estate</u> <u>DTAREDsurveys@fairfaxcounty.gov</u> | 703-222-8234 (TTY 711)

Mobile Homes Income and Expense Survey - Real Estate Division

Calendar Year 2024

For Tax Year 2026

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. General Information (Property Identification)										
Property Nam	ie						Owne	er/Agent	N	o Longer Owns Property
Tax Map ID			Elemen	t No.			Property	Туре		
Please list all	additional elem	ients ind	cluded in	the incom	e and expens	e da	ta.			
				Pre	operty Loc	atio	on			
Street #	Street Name							Direction		Suffix
City Zip/Postal Code						Zip/Postal Code				
			Pr	operty In	nprovemer	nt Ir	format	ion		•
Owner Occup Yes	vied Ow No	ner Oco	cupied S	F						
	Year Addition		Total B	uilding Area	а	Tota	al Leasab	ole Area		Total Basement Area
Year Renovat	ted		Finishee	d Bsmt Area	а	Unf	inished B	smt Area		Bsmt Parking Area
	No. Elevators		No. Par	king Space	es	No.	Reserve	d/Rental Pa	arking Sp	baces
B. Debt Service Information (within the last 5 years)										
Loan	Amount	Loar	n Date	Term	Interest Rate	e %	Payme	ent (P & I)	F	Payment Frequency (Mo. or Year)
1										
2										

FOR INTERNAL USE ONLY

Initial Date Entered Into IAS Added to IDOUS	Initial Date Entered into IAS Added to IDOC
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Property Name	Tax Map ID	Element No.	Property Type

Annual Income (Indicate figure is inputted by checking box in far-right column)							
For Period	to						
		Amount	Imputed?				
Primary Rental Income							
Laundry Income							
Sales of Utilities							
Common Area Maintenance Re	imbursement						
Interest Income							
Insurance Reimbursement							
Parking Rental Income							
Other Rental Income (specify)							
Miscellaneous Income (specify)							
Total Annual Income (sum o	f lines above)						

Capital Improvements, Renovations, and Deferred Maintenance						
Have there been Capital Improv to the property during this repor						
Yes	No					
If yes, please provide total cost and	l attach a detailed list.					
Rental and Vacancy Information						
No. of rental sites	Market Rent per site		Months	Annual rental		
Potential rental income (as if the property is at 100% occup	pancy)					
Income loss from vacancy (reporting period)				(# of sites vacant)		
Income loss from collection loss (reporting period)						
Total of vacancy and collecti	on loss					

Other Administrative/Payroll Expenses (if applicable):

Property Name	Tax Map ID	Element No.	Property Type

Annual Operating Expenses						
Water and Sewer						
Electricity						
Other Utilities (specify)						
Maintenance Payroll/Supplies						
Electricity/Plumbing Repairs						
Pool/Recreational Repairs						
Common Area/Exterior Repairs						
Common Area/Interior Repairs						
Other Repairs and Maintenance (specify)						
Management Fees						
Other Administrative/Payroll (specify or attach detailed sheet below)						
Janitorial/Cleaning						
Landscaping/Grounds						
Trash						
Security						
Snow Removal						
Insurance (One Year)						
Other Taxes, Fees, LOA (Do not include Real Estate Taxes)						
Total Operating Expenses (sum of lines above)						
Real Estate Taxes						

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):

Property Name	Tax Map ID	Element No.	Property Type

			J. CERT	FICATION		
	State		L REQUEST: TITLE			
Name of Managam			certification by the ov		· ·	nesentative
Name of Management Company		Contact Person				
Street#	Street	Name/P.O.	Box		Direction	Suffix
2 nd Line of Address	6					
Unit/Suite/Floor			City		State/Country	Zip/Postal Code
Phone Number			Email Address			
All information in	cluding	the accomp	anying schedules, state	ments, and at	tachments have bee	en examined by me and to the
	•	•	, .			signature constitutes an official
	-	si	gnature on behalf of the	taxpayer or ta	axpaying entity.	-
Signature			Date			
Print Name				Title		