

# HOTEL AND MOTEL INCOME AND EXPENSE SURVEY

## County of Fairfax

IF NO LABEL PROVIDE:  
 Property Tax Map ID  
 Property Name  
 Property Address  
 Owner  
 Hotel/Motel Type (hotel, motel & suite)

**Return to: Department of Tax Administration  
 Real Estate Division, Suite 357  
 12000 Government Center Parkway  
 Fairfax, Virginia 22035-0028**

Voice: (703) 324-4802 Fax: (703) 324-4935  
 Email Address: <http://icare.fairfaxcounty.gov/ContactUs>.  
 On the internet: <http://www.fairfaxcounty.gov/taxes>

**The Income and Expense information must be placed on this form. No alternative forms may be used. A detailed set of instructions is part of this survey. These instructions are provided to assist you in completing the form. If you should have any questions or need assistance, please contact our office.**

**Income and Expense Survey Information for Calendar Year 2020**

<b>A</b>	<b>Debt Service Information (within last 5 years)</b>					
	Loan Amount	Loan Date	Term	Interest Rate %	Payment (P & I)	Payment Frequency (Mo. or Yr.)
Has there been a professional appraisal on this real property in the last five years? [ ] Yes [ ] No						
<b>B</b>	<b>Certification</b> OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA State Law requires certification by the owner or officially authorized representative.					
	<i>Please print or type all information except signature.</i>					
	1. Name of management company _____					
	2. Address _____					
	3. Contact Person _____ Phone _____					
	4. E-Mail address _____					
	All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.					
5. Signature (required) _____ Date _____						
6. Print name _____						
7. Title _____						
Type of accounting method _____ Cash _____ Accrual						

**For Office Use Only - - Do Not Write Below this Line**

	Survey Entered	Survey Verified	Survey Stabilized	Rents Entered	NBHD #	Received Date Entered	Owner Occupied
DATE							
INITIAL						Check above box if yes	Check above box if yes

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## General Information

- C**
1. Property Name \_\_\_\_\_ Year Built \_\_\_\_\_ Year Addition \_\_\_\_\_
  2. Property Type \_\_\_\_\_ Elevators \_\_\_\_\_ Stories \_\_\_\_\_
  3. Property Address \_\_\_\_\_
  4. What is your 'Trading as' name reported on your business license? \_\_\_\_\_
  5. Total Building Area of Property \_\_\_\_\_ sq. feet  
(Including basement and mezzanine, but not parking structures)
  6. Total Leasable Area of Property \_\_\_\_\_ sq. feet (Not applicable for apartments)
  7. Total Basement Area \_\_\_\_\_ sq. feet  
Finished Area \_\_\_\_\_ Unfinished Area \_\_\_\_\_ Parking Area \_\_\_\_\_
  8. Total Number of Parking Spaces \_\_\_\_\_
  9. Total Reserved/Rental Parking Spaces \_\_\_\_\_

## General Property, Management, Rate, and Occupancy Information

### General Property Information

1. Total number of rooms? \_\_\_\_\_ (Singles \_\_\_\_\_ Doubles \_\_\_\_\_ Suites \_\_\_\_\_)
2. Is there a restaurant facility? Yes  No  If yes, with a full service kitchen? Yes  No   
Restaurant Seating Capacity \_\_\_\_\_
3. Conference meeting area: Number of rooms \_\_\_\_\_ Area \_\_\_\_\_ Sq. Ft. \_\_\_\_\_
4. Amenities (pools, exercise facilities, etc.) \_\_\_\_\_
5. Year of Last Room Renovation \_\_\_\_\_ Year of Last Common Area Renovation \_\_\_\_\_
6. Indicate STR Chain Scale: Independent  Economy  Midscale  Upper Midscale   
Upscale  Upper Upscale  Luxury

### Ownership and Management Information

- D**
7. Is the property owned by a national hotel chain? Yes  No   
If yes, is the property operated and managed by this company? Yes  No
  8. Is the property currently operated under a franchise agreement with a hotel chain? Yes  No   
If yes, how is the fee structured? (i.e., Flat dollar amount of % of revenue, NOI, etc.)  
Initial Fees: \_\_\_\_\_  
Advertising Fees: \_\_\_\_\_  
Royalty Fees: \_\_\_\_\_  
Reservation Fees: \_\_\_\_\_
  9. Is the property operated under a management contract (other than owner)? Yes  No   
If yes, does the contract provide for the use of a recognized chain, affiliated trade name and reservation system?  
Yes  No   
How are the management fees calculated? (i.e., % of total revenues, room revenues, net operating income, etc.)  
\_\_\_\_\_

### Occupancy and Rate Information

10. Total number of rooms sold over the previous 12 months (same period as reported in Section E) \_\_\_\_\_
11. What was the average occupancy over the previous 12 months? \_\_\_\_\_ %.
12. Total room nights available (Total number of rooms x 365) \_\_\_\_\_ nights
13. What was the Average Daily Room rate (ADR) over the previous 12 month period? (Total gross room revenue divided by total number of rooms sold) \_\_\_\_\_
14. Please provide a copy of the latest year end STAR report for this property. If not available, list the subject's three primary competitors \_\_\_\_\_

<b>E</b>	<b>Annual Income</b> (Round numbers, no decimals)	
	Income for Period	_____ 20____ to _____ 20____ mo day yr mo day yr
	Actual Room Rental Income Received	_____
	Sales of Food/Sundry Services	_____
	Sales of Beverages/Sundries	_____
	Telephone Income	_____
	Lease Income	_____
Other Income (specify) _____	_____	
<b>Total Actual Income (sum of lines above)</b>	_____	

<b>F</b>	<b>Capital Improvements, Renovations</b>
	Have there been Capital Improvements or Capital Renovations to the property during this <u>reporting period</u> : If the property was completed during the previous year, see instructions.
	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide total cost here and attach a detailed list on separate page. Total capital cost _____
	<u>New construction</u> – Submit most recent AIA documents G702 and G703 and associated soft costs.

<b>G</b>	<b>Department Costs (Not Included in Section H)</b>
	Rooms _____
	Food & Beverages _____
	Telephone _____
	Other (specify) _____
<b>Total Department Costs (Sum of lines above)</b>	_____

<b>H</b>	<b>Operating Expenses</b> (Round numbers, no decimals)	
	1. <u>Utilities</u>	
	Water and Sewer	_____
	Electricity	_____
	Other Utilities (specify) _____	_____
	2. <u>Management and Administrative</u>	
	Management Fees	_____
	Incentive Management Fees	_____
	Franchise Fees	_____
	Advertising	_____
Other Administrative/Payroll (specify) _____	_____	
3. <u>Maintenance and Repair</u>		
Maintenance Payroll/Supplies	_____	
HVAC Repairs	_____	
Electric/Plumbing Repairs	_____	
Elevator Repairs	_____	
Roof Repairs	_____	
Pool/Recreational	_____	
Common Area/Exterior Repairs	_____	
Decorating (i.e. painting, carpet, etc.)	_____	
Other Repairs/Maintenance (specify) _____	_____	
4. <u>Services</u>		
Janitorial/Cleaning (Payroll/Contract)	_____	
Landscaping (grounds maintenance)	_____	
Trash	_____	
Security	_____	
Snow Removal	_____	
Other Services (specify) _____	_____	
5. <u>Insurance and Taxes</u>		
Fire, Casualty Insurance (one year)	_____	
Other Taxes, Fees	_____	
Personal Property Taxes	_____	
Business License	_____	
Other (specify) _____	_____	
6. <u>Reserves for Replacement</u>	_____	
7. <u>Total Operating Expenses Including Reserves</u>	_____	
<b>I</b>	<b>NET OPERATING INCOME</b>	_____
	Total Actual Income less Total Departmental Costs less Total Operating Expenses Including Reserves	
<b>J</b>	<b>Real Estate Taxes</b>	_____

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

**INSTRUCTIONS FOR COMPLETING  
INCOME AND EXPENSE SURVEY FORM  
HOTEL/MOTEL**

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. Please do not email or fax large survey packets. Mailing is preferred.

**A. 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.

**B. 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.

**C. 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.

**D. General Property, Management, Rate, and Occupancy Information**

This section is self-explanatory.

**E. Income Information**

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

**Actual room rental income** – Actual income from rental of rooms. This is not the gross potential income at 100% occupancy, but the actual gross rent received.

**Sales of food/sundry services** – Income from the sales of food and sundries. If the income from food/sundry services is from a lease, please enter the information on Line 5 below.

**Beverages/sundry** – Income from sales of beverages and sundries not included above.

**Telephone income** – Income from use of telephone services.

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**Lease income** – (Specify) This includes rental income from food, retail, rooftop antennas, etc. Please attach an itemized list showing all rental income and the amount of space associated with the lease.

**Other income (specify)** – Additional sources of income not listed above.

**Total actual income received** – Sum of lines above.

## F. Capital Improvements, Renovations

1. 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.
2. New Construction – Submit most recent AIA documents G702 and G703 with the itemized construction costs and all associated soft costs for recent new construction.

## G. Department Costs

These are costs necessary to maintain the production of income from operation of the property. They are the day to day costs of providing services for the guests. They do not include the expenses necessary for the operation of the Real Estate (See Operating Expenses below). 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. Capital expenditures are requested in Section E.

**Rooms** – Cost directly attributed to room upkeep.

**Food & Beverages** – Cost directly attributed to providing meals and drinks.

**Telephone** – Cost of providing telephone service to guests.

**Other** – Additional departmental costs not listed above.

**Total of department costs** – Sum of lines above.

## H. 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. Round your numbers, no decimals.

1. Utilities
  - Water and sewer** – Cost of water and sewer services for this reporting period.
  - Electricity** – Electricity Expenses.
  - Other utilities** – Specify primary fuel (oil, gas, electric) used for heating the building, and its expense. Do not include an amount here if heat is electric and expense is included in the above.

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2. Management and Administrative

**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.

**Incentive management fees** – Fees paid to management firm as incentive.

**Franchise fees** – Fees paid for use of name, logo, marketing, etc.

**Incentive management fees** – Fees paid to management firm as incentive.

**Advertising** – Paid for local and national marketing not included in the fees listed above.

**Other administrative/payroll** – Includes administrative payroll, office supplies, accounting and legal fees. (Please detail each line item. If necessary attach separate sheet).

3. Maintenance and Repairs

**Maintenance payroll/supplies** – Payroll expenses for maintenance staff, and expenses for maintenance supplies.

**HVAC repairs** – Maintenance and repair expense for heating, ventilating and air-conditioning. Do not include capital repairs.

**Electric/plumbing repairs** – Maintenance and repair expense for electric and/or plumbing systems.

**Elevator repairs** – Maintenance expense for elevator repairs.

**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.

**Pool/Recreational** - Maintenance and operation for pool area.

**Other common area or exterior repairs** – Repairs to the outside of the property not covered elsewhere. Do not include capital items.

**Decorating (carpet, paint, etc.)** – Interior maintenance and repair. Do not include capital items, or major tenant fix up.

**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.

4. Services

**Janitorial/cleaning (payroll/contract)** – Janitorial and cleaning expenses for the property.

**Landscape (grounds maintenance)** – Landscaping or groundskeeping service expenses.

**Trash** – Expense for trash service.

**Security** – Expense for security service, guards, etc.

**Snow removal** – Expense for snow removal service.

**Other services (specify)** – Expense for services not listed above.

5. Insurance and Taxes

**Fire, casualty insurance** – (reporting period only) Some insurance policies are multi-year contracts. Please include only one year's cost.

**Other taxes, fees (specify)** – This includes business license tax, personal property taxes, and other taxes, exclusive of real estate taxes.

6. Reserves for Replacement

The annual amount reserved for all capital improvements includes replacement of furniture, fixtures and equipment.

7. Total Operating Expenses Including Reserves for Replacement

## I. **Net Operating Income**

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

## J. **Real Estate Taxes**

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.