# Town of Tyngsborough

**Assessors Office**
**25 Bryant Lane, Tyngsborough, MA 01879**
**978-649-2300 x 121**

## APARTMENT INCOME AND EXPENSE FORM
for calendar year ending **12/31/2025 (FY2027)**

**1**

OWNER NAME: _____   PARCEL ID: _____

LOCATION: _____   LUC: _____

**REVENUE:**  {These items are paid by Tenants – NOT by Owner}

| | |
|---|---|
| Contract Rent *1 | _____ |
| Percentage Rent *2 | _____ |
| Expense Escalation | _____ |
| Utilities | _____ |
| Real Estate Tax | _____ |
| Parking | _____ |
| Other Income | _____ |

**2**

**Please check one of the following:**
A. Completely Owner Occupied ☐
B. Partially (_____%) Owner Occupied ☐
C. Completely Tenant Occupied ☐

NOTE: If the property is completely Owner Occupied, then omit the "Revenue" section and fill out the "Expenses" section.

*1 Amount charged if there was no Vacancy.

*2 Used in retail operations where a % of the gross is paid as part of the rent.

| | |
|---|---|
| Gross Income: | _____ |
| Less **Actual** Vacancy | _____ |
| Effective Gross Income | _____ |

→ **Do Not** Enter any amount other than **ACTUAL Vacancy**

**3**

**EXPENSES:**  {Items paid by Tenant or Owner}

| | |
|---|---|
| Heat  *Only Include* | _____ |
| *2 Used in retail operations where a % of the gross is paid as part of the rent. | _____ |
| Maintenance  *been paid out* | _____ |
| Insurance | _____ |
| Trash Removal | _____ |
| Snow Removal | _____ |
| Accounting | _____ |
| Management | _____ |
| Reserves | _____ |
| Other Expenses | _____ |

Please circle heat type:

Oil    Gas    Electric

List the cost for each item in the blocks below. **Do Not include** any of these items as "Operating Expenses":
- Real Estate Taxes _____
- Mortgage Related Costs including Interest _____
- Depreciation _____
- Any cost **not** related to the operation of the Real Estate – Including cost associated with a business located at the site.

Total Operating Expenses: _____

Net Operating Income: _____

**4**  Comments or Clarification: _____

**5**  Capital Improvements:

| Type | Cost |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| FISCAL YEAR **2027** - **APARTMENT RENT SCHEDULE** | | | | | | | | | Rent Roll (As of **12/31/2025**) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Unit | Floor | Rooms | Bedrooms | Baths | Approximate Unit Size | Monthly Rent | Lease Length | Inclusions Heat | With Rent Electric | (Yes/No) Hot Water |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |
| | | | | | | | | Yes [ ] No [ ] | Yes [ ] No [ ] | Yes [ ] No [ ] |

OWNER OR AUTHORIZED AGENT: _____

SIGNATURE: _____     DATE: _____

PHONE: _____

EMAIL: _____