

**ASSESSOR'S OFFICE  
CITY OF WEST ALLIS  
COMMERCIAL OPERATING STATEMENT FOR 2020**

TAX KEY:  
PROPERTY ADDRESS:  
OWNER:

GENERAL PROPERTY INFORMATION	
Total Gross Building Area	Total Retail Area
Net Rentable Area	Total Office Area
Current Vacancy Rate	% Total Warehouse Area

COMMERCIAL RENTAL/LEASE DATA									
Income				Escalation Clause			Rent Per Year		
Rental Sq. Ft. Area	Floor level	Tenant Name	Lease Length	Yes	Type	No	2017	2018	2019

APARTMENT/HOTEL/MOTEL DATA (√ Appropriate Feature Included in Rent)							
<input type="checkbox"/> Range	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Water	<input type="checkbox"/> Carpet	<input type="checkbox"/> Sewer	<input type="checkbox"/> Fireplace		
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Disposal	<input type="checkbox"/> Electric	<input type="checkbox"/> Drapes	<input type="checkbox"/> Gas	<input type="checkbox"/> Washer/Dryer		
		<input type="checkbox"/> Heat					
One Bedroom		Two Bedroom		Three Bedroom		_____ Bedroom	
# Units	Rent	# Units	Rent	# Units	Rent	# Units	Rent
Parking	#	Covered Units at \$		#	Uncovered Units at \$		

	2017	2018	2019
(A) Potential Gross Income (total annual income from all spaces)	\$	\$	\$
(B) Other Income (i.e. parking, laundry or common area maintenance)	\$	\$	\$
(C) Collection Loss Rate (unpaid or late rental payments) (____)%	-\$	-\$	-\$
(D) Vacancy Rate (number of months vacant each year) (____)%	-\$	-\$	-\$
(E) Effective Gross Income = (A+B) - (C+D)	\$	\$	\$

**ENTER EXPENSE INFORMATION ON REVERSE SIDE**

Parcel Number:

**Please list expenses paid by the property owner only.**

BUILDING OPERATING EXPENSES	2017	2018	2019
Management (3 <sup>rd</sup> -party management services or paid staff)	\$	\$	\$
Reserves for Replacement (\$ planned for replacement of roof, HVAC, etc.)	\$	\$	\$
Utilities (gas, electric, water and sewer paid by building owner)	\$	\$	\$
Administrative Expenses (office rental, leasing, legal, accounting, etc.)	\$	\$	\$
Maintenance & Repairs	\$	\$	\$
Payroll (Maintenance Employee)	\$	\$	\$
Insurance (fire and liability)	\$	\$	\$
Miscellaneous (snow removal, lawn mowing, etc.)	\$	\$	\$
Trash Removal	\$	\$	\$
Security Patrol	\$	\$	\$
Ground Lease	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Expenses (minus)	\$	\$	\$
Net Income Before Taxes & Recapture	\$	\$	\$
Current Real Estate Taxes	\$	\$	\$

Market Data	Purchased Land Only For \$_____ in 20__	Purchased Land & Buildings For \$_____ in 20__	Land Size
	Please indicate the amount, if any, of the purchase price paid for considerations other than real estate. Items _____ Amount \$		

Remodeling Data	Have you remodeled or made capital improvements in the last 5 years? _____. If yes, briefly describe and provide costs below.
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New Construction Cost	If within last two years. \$
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\_\_\_\_\_

Print Name

\_\_\_\_\_

Email

\_\_\_\_\_

Signature, Owner, Mgt. or Agent.

\_\_\_\_\_

Telephone

\_\_\_\_\_

Date