

**EL PASO COUNTY ASSESSOR**  
**COMMERCIAL PROPERTY INCOME SURVEY**

**Property's Physical Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Type of Property:**     Medical Office                     Neighborhood Center  
                                   Office Building                     Retail Store  
                                   Restaurant                             Office/Warehouse

**Name of Lessee/Tenant(s):** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Is any of property Owner Occupied? Y / N                    Percentage: \_\_\_\_\_%**  
 (If 100%, fill out expenses to building below)

	<b>2017</b>	<b>2018</b>
<b>Annual Lease Rate (SqFt):</b> _____	\$ _____	\$ _____

**Leasable Bldg. Area (SqFt):** \_\_\_\_\_ **Non-Leasable (SqFt):** \_\_\_\_\_

	<b>2017</b>	<b>2018</b>
<b>Total Vacancy Rate:</b> _____	_____	_____

**Lease Type:**     nnn (Triple Net) – expenses paid by tenant  
                           Gross – expenses paid by owner & not reimbursed by tenant  
                           Modified Gross – expenses split between owner & tenant

**Lease Dates:** \_\_\_\_\_

<b>Enter Only Building Expenses</b>		<b>2017</b>	<b>2018</b>
<b>1. Total income from Rent</b>		\$ _____	\$ _____
<b>2. Total income from all other sources</b> (Misc. income for building)		\$ _____	\$ _____
<b>3. Management Expense of Building</b> (Do not include property taxes)		\$ _____	\$ _____
<b>4. Insurance</b>		\$ _____	\$ _____
<b>5. Utilities</b>		\$ _____	\$ _____
<b>6. Maintenance/Repairs</b>		\$ _____	\$ _____
<b>7. Reserves for Replacement</b>		\$ _____	\$ _____
<b>8. Supplies &amp; Services for Building</b>		\$ _____	\$ _____
<b>9. Other</b> _____		\$ _____	\$ _____

**Prepared By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Date:** \_\_\_\_\_