City of West Haven, Connecticut
Assessor's Office
355 Main Street
West Haven, CT 06516

2024 Annual Income and Expense Report

April 14, 2025

Dear Property Owner,

Please complete and submit the enclosed **2024 Annual Income and Expense Report** to the **West Haven Assessor's Office ON OR BEFORE June 1, 2025.**

TO AVOID A PENALTY

According to **Connecticut General Statute 12-63c(d),** any owner of real rental property who fails to submit this report or provides an incomplete or false form with intent to defraud shall be subject to a **10% increase in the assessed value** of the property.

Additionally, this **10% penalty** will also apply to **owner-occupied** properties if the report is not signed and returned by the deadline of June 1, 2025.

WAIVER OF PENALTY(late filing after June 1, 2025)

The City has adopted an ordinance allowing for the waiver of the **10% penalty** under specific conditions related to the timely submission of this report.

Submission Deadlines and Fees

- **Reports submitted AFTER JUNE 1ST and on or before September 1st:** $250 late fee
- **Reports submitted AFTER SEPTEMBER 1st and on or before November 1st:** $350 late fee

Request for Waiver (late filing after June 1, 2025)

To request a waiver, property owners must:

- Submit a letter requesting a waiver by one of the deadlines above.
- Include the completed report.
- Provide a check made out to the **City of West Haven Assessor's Office.**
- Include a note on the check stating: **"2024 I & E late fee."**

If you have any questions regarding this form, please email the office at **whassessors@westhaven-ct.gov.** You may also submit the completed form via email.

Ann Marie Gradoia
West Haven Assessor

2024
Annual Income and Expense Report

For questions concerning this report call:
203-937-3515 OR
Email:whassessors@westhaven-ct.gov

FILING INSTRUCTIONS. In order to fairly assess your real property, information regarding the property income and expenses is required. *Connecticut General Statutes 12-63c* requires all owners of rental property to annually file this report.

THE INFORMATION FILED AND FURNISHED WITH THIS REPORT WILL REMAIN CONFIDENTIAL AND IS NOT OPEN FOR PUBLIC INSPECTION. ANY INFORMATION RELATED TO THE ACTUAL RENTAL AND OPERATING EXPENSES SHALL NOT BE A PUBLIC RECORD AND IS NOT SUBJECT TO THE PROVISIONS OF SECTION 1-19 (FREEDOM OF INFORMATION), OF THE CONNECTICUT GENERAL STATUTES.

Please complete and return this report to the Assessor's Office on or before **JUNE 1, 2025**. Failure to provide this information will result in an assessment based on estimated assumptions, which could lead to a less than equitable assessment and could affect your position in an appeal situation. Your cooperation is greatly appreciated.

In accordance with *Section 12-63c (d)* of the *Connecticut General Statutes*, any owner of rental property who fails to file this form or files an incomplete or false form with the intent to defraud, shall be subject to a penalty equal to a ten (10%) percent increase in the assessed value of such property.

WHO SHOULD FILE. All individuals and businesses receiving this form in the mail should complete and return this form to the Assessor's Office. If you believe that you are not required to file this form, please call the number listed above or email to discuss your special situation. All properties which are rented or leased, including commercial, retail, industrial and residential properties, except - *such property used for residential purposes, containing not more than six dwelling units and in which the owner resides*. If a non-residential property is partially rented and partially owner-occupied this report must be filled out and filed with the assessor by June 1, 2025.

OWNER-OCCUPIED PROPERTIES. If your property is 100% owner occupied, or 100% leased to a related corporation, family member or other related entity please fill out page 3, check the box on the top right-hand corner, sign and date affidavit. Return only page 3 to the Assessor's Office.

HOW TO FILE. Each summary page should reflect information for a single property for the calendar year indicated on the form. **If you own more than one rental property, a separate report must be filed for each property in this municipality.**

An income and expense report summary page and the appropriate income schedule must be completed for each rental property**. Income Schedule A must be filed for apartment rental property and Schedule B tenant information must be filed for all other rental properties.**

A computer printout is acceptable for Schedule A and B, providing all the required information is provided.

Mail or Hand Deliver to:

ASSESSOR'S OFFICE, 355 MAIN STREET, WEST HAVEN CT. 06516

Report can be emailed to:

whassessors@westhaven-ct.gov

PLEASE RETURN TO THE ASSESSOR'S OFFICE ON OR BEFORE JUNE 1, 2025, to avoid penalty

2024 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

☐ **100% OWNER OCCUPIED OR 100% LEASED TO A RELATED CORPORATION, FAMILY MEMBER OR OTHER RELATED ENTITY**
Place a check in the box and sign below

Owner _____
Mailing Address _____
City/State/Zip _____

Account Number _____
Property Address _____
Parcel ID _____

1. Primary use of Property *(Circle One)* A. Apartment B. Office C. Retail D. Mixed Use E. Shopping Center F. Industrial G. Other _____

2. Gross Building Area (Inc. Owner-Occupied Space) _____ SF
3. Net Leasable Area _____ SF
4. Owner Occupied Area _____ SF
5. Number of Units _____
6. Building Age (Year) _____
7. Year Remodeled (Year(s) _____

INCOME

8. Apartment Rentals (Attach Schedule A) _____
9. Office Rental (Attach Schedule B) _____
10. Retail Rental (Attach Schedule B) _____
11. Mixed Rentals (Attach Schedule B) _____
12. Shopping Center Rentals (Attach Schedule B) _____
13. Indst./Whse./Garage Rentals (Attach Schedule B) _____
14. Other Rentals (Attach Schedule B) _____
15. Parking Rentals/Billboards/Cell Towers _____
16. Other Property Income _____
17. **Total Potential Income** (Add Line 8 thru Line 16) _____
18. Loss Due to Vacancy and Bad Debt _____
19. **Effective Annual Income** (Line 17 minus Line 18) _____
20. Expense Reimbursements _____
21. Effective Gross Income (Line 19 + 20) _____

EXPENSES

22. Management _____
23. Legal/Accounting _____
24. Fire/Liability Insurance _____
25. Leasing Fees/Commissions/Advertising _____
26. Payroll (Except mgt, repairs and decorating) _____
27. Electricity _____
28. Heating/Air Conditioning _____
29. Other Utilities (Specify) _____
30. Supplies (Janitorial, Etc.) _____
31. Common Area Maintenance _____
32. Maintenance & Repairs _____
33. Elevator Maintenance _____
34. Snow/Trash Removal _____
35. Security _____
36. Other (Specify) _____ _____
37. _____ _____
38. **Total Expenses** (Add Line 22 thru Line 37) _____
39. **Net Operating Income** (Line 21 minus Line 38) _____
40. Capital Expenditures _____
41. Real Estate Taxes _____
42. Mortgage Payments (Principal & Interest) _____

AFFIDAVIT:
I do hereby declare under penalties of false statement that the foregoing information, according to the best of my knowledge, remembrance and belief, is a complete and true statement of all the income and expenses attributable to the above-identified Property. (Section 12-63c(d) of the Connecticut General Statutes)

Signature_____ Date_____
Name (Print) _____ Title_____ Phone #_____

SCHEDULE A.

Complete this section for apartment rental activity only.

2024

Unit Type	No. of Units		Room Count		Unit Size	Monthly Rent		
	Total	Rented	Rooms	Baths	Sq. Ft.	Per Unit	Total	Typical Lease Term
Efficiency								
1 Bedroom								
2 Bedroom								
3 Bedroom								
4 Bedroom								
Other Rental Units								
Owner/Manager/Janitor Occupied								
Subtotal								
Garage/Parking								
Other Income (Specify)								
Totals								

Building Features Included in Rent
(Please Check all that applies)

- ☐ Heat
- ☐ Electricity
- ☐ Other Utilities
- ☐ Air Conditioning
- ☐ Stove/Refrigerator
- ☐ Dishwasher
- ☐ Other (Specify) _____
- ☐ Garbage Disposal
- ☐ Furnished Unit
- ☐ Security
- ☐ Pool
- ☐ Tennis Courts

SCHEDULE B.

Complete this section for all rental activities, except apartment rental. Include Office Buildings, Retail Stores, Shopping Centers, Mixed-Use Properties, Industrial and Warehouse properties.

Name of Tenant	Loc. of Space	Lease Term			Annual Rent				Parking		Interior Finish		
		Begin	End	Sq.Ft.	Base	Esc/CAM/ Overage	Total	Total/ Sq.Ft.	# of Spaces	Annual Rent	Own.	Ten.	Cost

Verification of Purchase Price

Complete this section ONLY if you have purchased this property within the last three (3) years.

2024

Purchase Price _____ Down Payment _____ Date of Purchase _____

					(Check One)	
					Fixed	Variable
First Mortgage	_____	Interest Rate (%)	_____	Payment Schedule Term (Years)	_____	
Second Mortgage	_____	Interest Rate (%)	_____	Payment Schedule Term (Years)	_____	
Other	_____	Interest Rate (%)	_____	Payment Schedule Term (Years)	_____	
Chattel Mortgage	_____	Interest Rate (%)	_____	Payment Schedule Term (Years)	_____	

Did the purchase price include a payment for: Furniture? _____ (Declared Value) Equipment? _____ (Declared Value)

Has the property been listed for sale since your purchase? Asking Price _____ Date Listed _____ Broker _____

Remarks. (Explain Special Circumstances or Reasons for your Purchase) _____

Construction Cost Data	Cost	Year	Dimensions	Comments
Site Improvements				
Buildings				
Additions				
Remodeling				

I do hereby declare under penalties of false statement that the foregoing information, according to the best of my knowledge, remembrance and belief, is a complete and true statement of all the income and expenses attributable to the above-identified property. *(Section 12-63c(d) of the Connecticut General Statutes)*

Signature _____ Name (Print) _____ Date _____

Title _____ Telephone/Email _____

PLEASE RETURN TO THE ASSESSOR'S OFFICE ON OR BEFORE JUNE 1, 2025