

Maryland State Department of Assessments and Taxation
MOBILE HOME PARK QUESTIONNAIRE

INCOME QUESTIONNAIRE FOR THE 36 MONTHS FROM: **2015 TO 2017**

NAME AND LOCATION OF PROPERTY

OWNER AND ADDRESS OF RECORD

CHECK SERVICES & UTILITIES INCLUDED RENT: WATER SEPTIC CABLE TV LAUNDRY
 YARD MAINTENANCE OFF-ROAD PARKING
 PATIO REPAIR SERVICE

OTHER (LIST) _____

NUMBER OF SPACES AVAILABLE: _____ NUMBER OF SPACES OCCUPIED: _____

RENT RANGE: \$ _____ TO \$ _____ PER MONTH

LEASE TERM (# OF EACH): ANNUAL _____ SEMI-ANNUAL _____ MONTHLY _____

NUMBER OF NEW TENANTS THIS YEAR: _____

ANNUAL INCOME:

	<u>2017</u>	<u>2016</u>	<u>2015</u>
1. TRAILER SPACE - 100% OCCUPANCY	\$ _____	\$ _____	\$ _____
2. SPACES FOR OWNER, MANAGER, ETC.	\$ _____	\$ _____	\$ _____
3. APARTMENT RENTAL – 100% OCCUPANCY	\$ _____	\$ _____	\$ _____
4. LOSS DUE TO VACANCY OR DELINQUENCY	\$ _____	\$ _____	\$ _____
5. TOTAL INCOME	\$ _____	\$ _____	\$ _____

EXPENSES:

1. PAYROLL (EXCEPT MANAGER, REPAIR)	\$ _____	\$ _____	\$ _____
2. SUPPLIES (JANITOR, BULBS, ETC.)	\$ _____	\$ _____	\$ _____
3. ELECTRICITY	\$ _____	\$ _____	\$ _____
4. WATER/SEWER	\$ _____	\$ _____	\$ _____
5. FUEL (TYPE OF FUEL _____)	\$ _____	\$ _____	\$ _____
6. MANAGEMENT FEES/WAGES	\$ _____	\$ _____	\$ _____
7. COMMON AREA MAINTENANCE	\$ _____	\$ _____	\$ _____
8. ADMINISTRATIVE COST (LIST)	\$ _____	\$ _____	\$ _____
9. MAINTENANCE & REPAIRS (LIST)	\$ _____	\$ _____	\$ _____
10. REAL ESTATE TAX	\$ _____	\$ _____	\$ _____
11. MORTGAGE PAYMENT	\$ _____	\$ _____	\$ _____
12. EXCISE TAX	\$ _____	\$ _____	\$ _____
13. TOTAL EXPENSES (Lines 1-12)	\$ _____	\$ _____	\$ _____

MORTGAGE/SALES INFORMATION:

1. IS THERE A CURRENT MORTGAGE ON THIS PROPERTY? YES NO

2. IF YES, PLEASE PROVIDE THE FOLLOWING DATA

NAME OF MORTGAGE	MORTGAGE AMOUNT
_____	_____

INTEREST RATE	TERM OF MORTGAGE	DATE 1 ST PAYMENT	MONTHLY PAYMENT
_____	_____	_____	_____

3. PLEASE PROVIDE: DATE PURCHASED _____ CONSIDERATION _____

I DECLARE, UNDER THE PENALTIES OF PERJURY, THAT THE CONTENTS OF THIS FORM AND ALL THE ACCOMPANYING SCHEDULES AND STATEMENTS HAVE BEEN EXAMINED BY ME AND ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

OWNER'S SIGNATURE _____ TITLE OF SIGNER _____ DATE _____

PRINT/TYPER NAME OF SIGNER _____ PHONE NUMBER _____

RP-10 (Rev. 09/04rs)