



**Town of Stratford Assessor's Office
Golf-Course Property**

Income and Expense Survey for Calendar Year 2018

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Location: _____ Owner of Record: _____
Mailing Address: _____ City, State, Zip: _____
Property ID _____ Contact Person: _____
Phone: _____ email: _____

GENERAL INSTRUCTIONS: This form should be completed using the annual information for calendar year 2018, for all rented or leased commercial, retail, industrial or combination property. Identify the property and address; provide all income derived from this property, all expenses related to this property and any vacant space. The vacant space information should contain the terms you are marketing for this space. Complete Verification of Purchase price information if purchased within the last twenty-four months.

Each summary page should reflect information for a single property for the year of 2018. If you own more than one rental property, a separate report/form must be filed for each property in this jurisdiction. An income and expense report summary page and the appropriate income schedule must be completed for each rental property.

General Data

Golf Course Designer: _____

Year Built _____ Year of last Renovation: _____

Description of work: _____ Cost: _____

Orientation: Public Semi-Private Private
Type: Par-3 Executive Championship

No. of Holes: _____ holes Total Yardage: _____ yards

No. of Memberships: Single: _____ Family: _____

Which months comprise your winter season? _____

Which months comprise your summer season? _____

Signature and Affidavit of Facts

As Required by Section 12-63c (d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form, files an incomplete or false form with intent to defraud, shall be subject to a penalty assessment equal to a Ten Percent (10%) increase in the assessed value of such property.

Any form returned incomplete will not be accepted and be subject to the 10 percent penalty. Any form received after May 31, 2019, will have a 10% penalty applied to the October 1, 2018 Grand List billing cycle.

I do hereby declare under penalties of false statement that the information provided is 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 _____



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Analysis of Rounds Played				
	Winter Season	Summer Season	Cart Rounds	Annual
Member				
Non-member				
Group/Tournament				
Complimentary				
Total Rounds				

Fee Structure					
	Winter Season		Summer Season		Annual
	a.m.	p.m.	a.m.	p.m.	
Greens Fee with cart					
Greens Fee without cart					
Cart Fee					
Prepaid Cart Fee					
Trail Fee					
Typical Group/Tournament Fee					
Initiation Fee					
Single Membership					
Family Membership					

Annual Gross Income

Cart and Greens Fees _____

Membership Income _____

Golf Income _____

Pro-Shop & Driving Range _____

Food & Beverage Income _____

Other Income (Define) _____

Total Income \$ _____

Cost of Goods Sold

Golf and Pro-shop _____

Food: _____

Beverage: _____

Other: _____

(Please define attach list if necessary)

Cost of Goods Sold \$ _____

Effective Annual Income \$ _____
(Total income – Cost of Goods Sold)



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Annual Operating Expenses

Advertising	_____
Administrative	_____
Electric	_____
Heat	_____
Insurance	_____
Management	_____
Payroll	_____
Repair and Maint: Building	_____
Repair and Maint: Grounds	_____
<small>(Includes items such as chemicals/fertilizers, grass/seed, gasoline/oil, etc.)</small>	
Reserves for Replacement (Attach Detail)	_____
Rubbish Removal	_____
Security	_____
Sewer	_____
Snow Removal	_____
Supplies (Office, Cleaning,)	_____
Water	_____
Other (Define)_____	_____
Other (Define)_____	_____
Other (Define)_____	_____
Other (Define)_____	_____

Total Operating Expenses \$ _____

Net Operating Income \$ _____
(Effective Annual Income – Total Operating Expenses)

Please include a copy of your year-end Income Summary.

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? Yes No

If yes, explain: _____

Please attach comments or other information on a separate page.



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Verification of Purchase Price

Purchase Price	\$ _____	Down Payment	_____	Date of Purchase	_____	(Check One)	
Date of Last Appraisal	_____	Appraisal Firm	_____	Appraised Value	_____	Fixed Rate	Variable Rate
First Mortgage	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____ Years		
Second Mortgage	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____ Years		
Other Chattel Mortgage	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____ Years		
	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____ Years		

Did the purchase price include payment for furniture and or equipment ? Yes No

Has the property been listed for sale since your purchase? Yes No If, Yes please state Asking Price _____, Date Listed _____, Broker _____

Remarks: Explain special circumstances or reason for your purchase. _____

