EL PASO COUNTY ASSESSOR
COMMERCIAL PROPERTY INCOME SURVEY

Property's Physical Address: _____
_____
_____

Type of Property:
- ☐ Medical Office
- ☐ Office Building
- ☐ Restaurant
- ☐ Neighborhood Center
- ☐ Retail Store
- ☐ 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)

		2023	**2024 (**Jan-June)
Annual Lease Rate (SqFt):	_____	**$**_____	**$**_____

Leasable Bldg. Area (SqFt):_____ **Non-Leasable (SqFt):**_____

		2023	**2024 (**Jan-June)
Total Vacancy Rate:	_____	_____	_____

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: _____

Enter Only Building Expenses	**2023**	**2024 (**Jan-June)
1. Total income from Rent	**$**_____	**$**_____
2. Total income from all other sources (Misc. income for building)	**$**_____	**$**_____
3. Management Expense of Building (Do not include property taxes)	**$**_____	**$**_____
4. Insurance	**$**_____	**$**_____
5. Utilities	**$**_____	**$**_____
6. Maintenance/Repairs	**$**_____	**$**_____
7. Reserves for Replacement	**$**_____	**$**_____
8. Supplies & Services for Building	**$**_____	**$**_____
9. Other _____	**$**_____	**$**_____

Prepared By: _____ **Title:** _____

Telephone: _____ **Date:** _____