

**Middleborough Rent Board**  
**10 Nickerson Avenue**  
**Middleborough, MA 02346**

**MOBILE HOME PARK**  
**PROPERTY FINANCIAL STATEMENT**

**OWNER:** \_\_\_\_\_  
First Name Initial Last Name

**OWNER BUSINESS ADDRESS:** \_\_\_\_\_  
No. Street City State Zip Tel. No.

**PROPERTY LOCATION:** \_\_\_\_\_ / \_\_\_\_\_  
No. Street No. Street

**I:** Acquisition and Financing Date: \_\_\_\_\_ Date Property was acquired \_\_\_\_\_

month/day/year  
 Name and address of prior owner (if acquired after \_\_\_\_\_).

\_\_\_\_\_  
First Name Last Name No. Street City State Zip

**Financing at time of Acquisition:**

Name of Mortgagee or Creditor (First Name) (Last Name or Company)	Face Amount	Date Executed Mo/day/yr	Term (Years)	Interest Rate %	Monthly Payment Principal and Interest (excluding Tax payments)
1					
2					
3					
4 Total Mortgages & Other Loans					
5 Equity					
6 Purchase Price					

**Current Financing (if unchanged, write "same"):**

Name of Mortgagee or Creditor (First Name) (Last Name or Company)	Face Amount	Date Executed Mo/day/yr	Term (Years)	Interest Rate %	Monthly Payment Principal and Interest (excluding Tax payments)
7					
8					
9					
10 Total Mortgages & Other Loans					

**INSTRUCTIONS:** Fill out by printing in ink or by typewriter. Fill in all appropriate categories and years, if any box or line is not applicable, mark with an "N/A". Do not leave any boxes or lines blank. Attach a cover letter where an explanation is necessary.

II. GROSS INCOME (If current calendar year income and expenses are unavailable, use previous calendar year.)	Calendar Year 20__
1. Rents for mobile home accommodations (legal maximum rents in effect on last month of the calendar year times 12.)	
2. Other income: Specify _____ (Include all income not included in rent above, including tax clauses, parking, vending machines, insurance proceeds, ext. Do NOT include abatements received.)	
3. TOTAL POTENTIAL GROSS INCOME	

III. OPERATING EXPENSES (Maintenance, repairs and miscellaneous expenses must be itemized on page 3.) (Expenditures having a useful life of more than one year must be amortized on page 4, Item VI.)	
Management [select (a) or (b)]	
11. (a) Actual monies paid to a separate management firm	(a) _____
12. (b) 6% of gross income for self-management (6% of line 3)	(b) _____
13. Heating Fuel if Owner Provided (specify type _____)	
14. Electricity if Owner Provided (other than electric heat)	
15. Gas if Owner Provided (other than heating fuel)	
16. Water and Sewer by Owner	
17. Insurance (fire and liability)	
18. Total Maintenance (itemize on page 3)	
19. Total Repairs (itemize on page 3)	
20. Miscellaneous (itemize on page 3)	
21. SUBTOTAL (ADD LINES 11-20)	
22. Real Estate Taxes (after abatement)	
23. Capital Improvements (amortized, from page 4)	
24. TOTAL (ADD LINES 21, 22 & 23)	

IV. ITEMIZED EXPENSES FOR MAINTENANCE, REPAIRS AND MISCELLANEOUS EXPENSES. INSTRUCTIONS: Where work is done by the owner or an employee of the owner, state and total cost for supplies and labor and indicate by an "\*" next to the amount; also a schedule listing the work performed, date performed, and hourly rate claimed must be attached to this form. Where work is done by a contractor, state the contract amount. Expenditures having a useful life of more than one year must be amortized on page 4, Item IV.

	Calendar Year 20__
<b><u>MAINTENANCE</u></b>	
1. Janitorial Payroll (include all maintenance performed by janitor)	\$
2. Cleaning	
3. Extermination	
4. Rubbish Removal	
5. Snow Removal	
6. Landscaping Costs	
7. Other Maintenance (describe) _____	
8. Total Maintenance (transfer to page 2, line 18)	
<b><u>REPAIRS</u></b>	
9. Plumbing	
10. Electrical	
11. Heating Plant (if applicable)	
12. Other Repairs (describe) _____	
13. Total Repairs (transfer to page 2, line 19)	
<b><u>MISCELLANEOUS</u></b>	
14. Advertising	
15. Brokerage	
16. Legal	
17. Audit	
18. Other Expenses (describe) _____	
19. Total Miscellaneous (transfer to Page 3, line 20)	

