



Sacramento County
Office of the Assessor
 Christina Wynn, Assessor
 Jarret Stedifor, Assistant Assessor

Real Property Division
 3701 Power Inn Road, Suite 3000
 Sacramento, CA 95826-4329
 www.assessor.saccounty.net
 (916) 875-0455

Request for Rent and Expense Information – Prop 8

Parcel Number(s): _____

Property Address: _____

IMPORTANT Submission of this form is optional and by itself is not considered a valid Decline-in-Market Value Request for Assessor Review (Prop 8). Please submit this form (and/or additional supporting documentation) with the Decline-in-Market Value Request for Assessor Review (Prop 8) form by December 31st. For additional information regarding the Decline in Market Value Reassessments, please view the Assessor’s website at www.assessor.saccounty.net or call (916) 875-0455, weekdays between 8 A.M. and 4 P.M.

MAIL TO: Sacramento County Assessor, **Attn: Prop 8 Review**, 3701 Power Inn Road, Suite 3000, Sacramento, CA. 95826-4329
FAX TO: (916) 854-9295

Note: In lieu of completing any portion of this form, you may attach the following:

- Current year pro-forma or budget
- 3 years historical income and expense statements
- Rent roll and CAM reconciliation (include terms, escalations, tenant Improvements, concessions and rent type)

Below, please indicate vacancies under the name of tenant. If the tenant pays all the taxes, write “ALL” in the section headed “Property Taxes”. Indicate in the “Remarks” section on the other side of this form if rent includes personal property, fixtures, or equipment. Attach additional pages if necessary.

Name of Tenant and Space Number	Size of Space in Sq.Ft.	Monthly Rent	Tenant Improvement Allowance \$	Month & Year		Check Expenses Paid by Tenant Indicate Total Monthly CAM Charge						
				Beginning Of Lease	End of Lease	Exterior Maintenance	Interior Maintenance	Property Taxes	Insurance	Utilities	\$ Monthly CAM	

Has the property been listed for sale or lease in the last 12 months? Yes No
 (If yes, please provide the agent's contact information) _____

Is the property owner occupied? Yes No
 If Yes, what % or SF owner occupied? _____

What is your opinion of the market value of the property as of January 1 of this year? \$ _____

Do any of the leases include a tax clause? Yes No
 (If yes, indicate which tenants and base year) _____

Total number of rentable units / spaces: _____

Average vacancy rate: _____

What is your standard allowance for tenant improvements? \$ _____ Per Sq. Ft

Has any tenant installed their own improvements? Yes No
 If yes, please describe: _____

Please describe any rent concessions: _____

Annual Expenses Paid by the Owner - Last 3 Years + Current Year Pro-Forma or Budget

Year				
Administration	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Janitorial	\$	\$	\$	\$
Landscape, Parking Lot	\$	\$	\$	\$
Management	\$	\$	\$	\$
Property Taxes	\$	\$	\$	\$
Repairs and Maintenance	\$	\$	\$	\$
Security	\$	\$	\$	\$
Tenant Improvements	\$	\$	\$	\$
Municipal Utilities	\$	\$	\$	\$
Other Utilities	\$	\$	\$	\$
Other	\$	\$	\$	\$

REMARKS : _____

Please sign below and provide a daytime phone number and email address.

_____ _____ _____
 Signature of Owner/Designee Date Daytime Telephone Number
 _____ _____
 Print Name E-mail Address