



OFFICE OF ASSESSOR COUNTY OF ALAMEDA

ADMINISTRATION BUILDING, ROOM 145, 1221 OAK STREET
OAKLAND, CALIFORNIA 94612-4288
(510) 272-3787 / FAX (510) 272-3803

**PHONG LA
ASSESSOR**

CONFIDENTIAL

SUBJECT PROPERTY

APN:	USE:
LOCATION:	DATE:
PERMIT NO:	AMOUNT:
TYPE:	DATE:
DEED NO:	

SHOPPING CENTER QUESTIONNAIRE

GENERAL INFORMATION

1. Name of Center: _____
2. Manager: _____ Phone: () _____
3. Leasing Agent: _____ Phone: () _____
4. Land area: _____ Acres, or _____ sq. ft.
5. Total number of units/spaces/pads: _____
6. Ground Leases: Number _____; Area leased: _____
7. Total leasable building area: _____ sq. ft.
8. Number of parking stalls: _____
9. During the year reported, what was the:
 - a. Annual vacancy: \$ _____
 - b. Annual collection losses: \$ _____
 - c. Tenant turnover:
 - (1) Number of tenants: _____
 - (2) Percent of leasable area: _____
 - d. Leasing costs (please express cost as a percent of the first year's rent):
 Typical lease term _____ years; _____ %
 - e. Typical rental concessions given to secure tenants:

Income record for the year ending _____, 20____. Please list all units, spaces, pads and kiosks whether occupied or vacant.
 In lieu of completing this section, you may submit a computer printout giving the same information and complete only pages 1 and 3.

NAME OF TENANT AND TYPE OF BUSINESS	SPACE NO.	RENTABLE AREA IN SQ.FT.	LEASE			MINIMUM ANNUAL RENT	MONTHLY RENT PER SQ.FT	RENT ESCALATION	PERCENT- AGE RENT	ANNUAL PERCENTAGE RENT PAID	COMMON AREA MAINT.	TAXES PAID BY TENANT	T.I. ALLOWANCE SQ.FT.	RENTAL CONCESSIONS REMARKS
			BEGINS	ENDS	OPTIONS									
Example #1 ABC Co. - Women's Fashions	A - 3	1176	4-21-98	4-20-08	1 @ 10 yr.	19,263	1.37	Annual 4% Min. 8% Max.	6%	0	3%	3%	\$10	3 months free rent
Example #2 Ground Lease Bob's Restaurant	B - 1	25,000	6-1-88	8-31-18	None	70,000	.23	Yr.6-10: 84,000 Yr.11-15: 100,000	6-1/2%	12,103	8%	1988 Base	\$15	Yr. 16-30: 121,000

OTHER INCOME: Please show income from phones, newsstands, vending machines, resale of utilities, etc.

Amount	Source	Remarks

PROPERTY RELATED EXPENSES

EXPENSES	PAID BY			AMOUNT PAID BY OWNER	AMOUNT PAID BY TENANTS (IF KNOWN)	REMARKS
	Owner	Ten.	Both			
MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
UTILITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
COMMON AREA MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
STRUCTURAL MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Taxes for last fiscal year: \$ _____

Amount paid by owner: \$ _____

Amount paid by tenants: \$ _____

I certify that this information is true and correct to the best of my knowledge:

Signature of Owner or Agent

Print Name

Telephone

Date