

Form ARH**Affordable Rental Housing
Uniform Income and Expenses Report**

The information contained in this document is provided for the sole purpose of property assessment and is considered confidential. This information is exempt from disclosure under the Virginia Freedom of Information Act (FOIA) and shall not be released to any third party without the express written consent of the property owner or as otherwise required by law. Unauthorized use, dissemination, or duplication of this information is strictly prohibited.

Assessment Year		Fiscal or Calendar Ending Date	
Parcel ID	Name of Real Estate Owner(s)		
Owner(s) Personal Home Street Address			
Owner(s) City or Town		State	ZIP Code
Name of Affordable Housing if applicable			
Physical Address of Affordable Housing			
Physical City or Town		State	ZIP Code

1. The current rental rate of any dwelling upon such property.

1		
---	--	--

2. Any tenant concessions. Attach a separate sheet if more room is necessary.

(a) _____

2(a)		
------	--	--

(b) _____

2(b)		
------	--	--

Total tenant concessions. Add Lines 2(a) and 2(b)

2		
---	--	--

3. Gross annual rental income and any other revenues incidental thereto for such property.

3		
---	--	--

4. Vacancy rate of any dwelling units on such property

4		
---	--	--

5. Current collection loss rate

5		
---	--	--

6. Any annual reserve for replacements

6		
---	--	--

7. Annual operating expenses for such property.

7		
---	--	--

I, the undersigned, declare under the penalties provided by law that this form (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Local Assessing Officer and the Department of Taxation to discuss this return with the undersigned preparer. _____ ☐

Date		Signature of Officer	
Printed Name of Officer		Title	
Officer's Email Address		Phone Number	
Print Preparer's Name and Firm Name		Preparer Phone Number	
Preparer's Email Address		Address of Preparer	
Date	Individual or Firm, Signature of Preparer		
Preparer's FEIN, PTIN, or SSN		Approved Vendor Code	

Any additional information provided on a separate sheet should be in a minimum 11 point font.