



Town of Rocky Hill Assessor's Office
Golf-Course Property

Income and Expense Survey for Calendar Year 2024

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Location: \_\_\_\_\_ Owner of Record: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ City, State, Zip : \_\_\_\_\_
Map, Block & Lot \_\_\_\_\_ Contact Person: \_\_\_\_\_
Phone: \_\_\_\_\_ email: \_\_\_\_\_

GENERAL INSTRUCTIONS: This form should be completed using the annual information for calendar year 2024, for all rented or leased commercial, retail, industrial or combination property. Identify the property and address; provide all income derived from this property, all expenses related to this property and any vacant space. The vacant space information should contain the terms you are marketing for this space. Complete Verification of Purchase price information if purchased within the last twenty-four months.

Each summary page should reflect information for a single property for the year of 2024. If you own more than one rental property, a separate report/form must be filed for each property in this jurisdiction. An income and expense report summary page and the appropriate income schedule must be completed for each rental property.

General Data

Golf Course Designer: \_\_\_\_\_

Year Built \_\_\_\_\_ Year of last Renovation: \_\_\_\_\_

Description of work: \_\_\_\_\_ Cost: \_\_\_\_\_

Orientation: [ ] Public [ ] Semi-Private [ ] Private
Type: [ ] Par-3 [ ] Executive [ ] Championship

No. of Holes: \_\_\_\_\_ holes Total Yardage: \_\_\_\_\_ yards

No. of Memberships: Single: \_\_\_\_\_ Family: \_\_\_\_\_

Which months comprise your winter season? \_\_\_\_\_

Which months comprise your summer season? \_\_\_\_\_

Signature and Affidavit of Facts

As Required by Section 12-63c (d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form, files an incomplete or false form with intent to defraud, shall be subject to a penalty assessment equal to a Ten Percent (10%) increase in the assessed value of such property.

Any form returned incomplete will not be accepted and will be subject to the 10 percent penalty. Any form received after May 30, 2025, will receive a 10% penalty on the October 1, 2024 Grand List.

I do hereby declare under penalties of false statement that the information provided is according to the best of my knowledge, remembrance and belief, is a complete and true statement of all the income and expenses attributable to the above identified property (section 12-63c (d) of the Connecticut General Statutes).

Signature \_\_\_\_\_ Date \_\_\_\_\_
Name (print) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_



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Analysis of Rounds Played				
	Winter Season	Summer Season	Cart Rounds	Annual
Member				
Non-member				
Group/Tournament				
Complimentary				
Total Rounds				

Fee Structure					
	Winter Season		Summer Season		Annual
	a.m.	p.m.	a.m.	p.m.	
Greens Fee with cart					
Greens Fee without cart					
Cart Fee					
Prepaid Cart Fee					
Trail Fee					
Typical Group/Tournament Fee					
Initiation Fee					
Single Membership					
Family Membership					

**Annual Gross Income**

Cart and Greens Fees \_\_\_\_\_

Membership Income \_\_\_\_\_

Golf Income \_\_\_\_\_

Pro-Shop & Driving Range \_\_\_\_\_

Food & Beverage Income \_\_\_\_\_

Other Income (Define) \_\_\_\_\_

**Total Income \$** \_\_\_\_\_

**Cost of Goods Sold**

Golf and Pro-shop \_\_\_\_\_

Food: \_\_\_\_\_

Beverage: \_\_\_\_\_

Other: \_\_\_\_\_

(Please define attach list if necessary)

**Cost of Goods Sold \$** \_\_\_\_\_

**Effective Annual Income \$** \_\_\_\_\_  
(Total income – Cost of Goods Sold)



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**Annual Operating Expenses**

Advertising	_____
Administrative	_____
Electric	_____
Heat	_____
Insurance	_____
Management	_____
Payroll	_____
Repair and Maint: Building	_____
Repair and Maint: Grounds	_____
<small>(Includes items such as chemicals/fertilizers, grass/seed, gasoline/oil, etc.)</small>	
Reserves for Replacement (Attach Detail)	_____
Rubbish Removal	_____
Security	_____
Sewer	_____
Snow Removal	_____
Supplies (Office, Cleaning,)	_____
Water	_____
Other (Define)_____	_____

**Total Operating Expenses \$**\_\_\_\_\_

**Net Operating Income \$**\_\_\_\_\_  
(Effective Annual Income – Total Operating Expenses)

**Please include a copy of your year-end Income Summary.**

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses?  Yes  No

If yes, explain: \_\_\_\_\_

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Please attach comments or other information on a separate page.



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**Verification of Purchase Price**

Purchase Price	\$ _____	Down Payment	_____	Date of Purchase	_____	(Check One)	
Date of Last Appraisal	_____	Appraisal Firm	_____	Appraised Value	_____	Fixed Rate	Variable Rate
First Mortgage	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____ Years		
Second Mortgage	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____ Years		
Other Chattel	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____ Years		
Mortgage	\$ _____	Interest Rate	_____ %	Payment Schedule Term	_____ Years		

Did the purchase price include payment for furniture and or equipment ?  Yes  No

Has the property been listed for sale since your purchase?  Yes  No      If, Yes please state Asking Price \_\_\_\_\_, Date Listed \_\_\_\_\_, Broker \_\_\_\_\_

Remarks: Explain special circumstances or reason for your purchase. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_