

INCOME AND EXPENSE:

Apartment Type Properties

Information received is confidential and not open to public inspection.

APARTMENT TYPE PROPERTIES	YEARS		
Gross Potential Income (Assumes 100% Occupied)			
Less Vacancy and Collection Loss			
Actual Income Received			
Other Income (Please Explain)			
Total Income (Effective Gross Income)			

(In lieu of completing this form a copy of an income and expense statement may be submitted. If a tax form is submitted accompanying schedules should be included.)

Rental Breakdown by Unit: _____ Date Effective: _____

Efficiencies:

No. of units _____ @ _____ S.F. @ \$ _____ per month No. of units _____ @ _____ S.F. @ \$ _____ per month

No. of units _____ @ _____ S.F. @ \$ _____ per month No. of units _____ @ _____ S.F. @ \$ _____ per month

One Bedroom:

No. of units _____ @ _____ S.F. @ \$ _____ per month No. of units _____ @ _____ S.F. @ \$ _____ per month

No. of units _____ @ _____ S.F. @ \$ _____ per month No. of units _____ @ _____ S.F. @ \$ _____ per month

Two Bedroom:

No. of units _____ @ _____ S.F. @ \$ _____ per month No. of units _____ @ _____ S.F. @ \$ _____ per month

No. of units _____ @ _____ S.F. @ \$ _____ per month No. of units _____ @ _____ S.F. @ \$ _____ per month

Three Bedroom:

No. of units _____ @ _____ S.F. @ \$ _____ per month No. of units _____ @ _____ S.F. @ \$ _____ per month

Four Bedroom:

No. of units _____ @ _____ S.F. @ \$ _____ per month No. of units _____ @ _____ S.F. @ \$ _____ per month

Five Bedroom:

No. of units _____ @ _____ S.F. @ \$ _____ per month No. of units _____ @ _____ S.F. @ \$ _____ per month

Garages:

No. of units _____ @ \$ _____ per month

1. Indicate (x) if rent payment includes: Gas? Electricity? Water?

2. Total number of garage stalls? _____ 3. Number of surfaced parking spaces? _____

(See reverse side for expense data)

INCOME AND EXPENSE - APARTMENT BUILDINGS

EXPENSE INFORMATION

	YEARS		
Management			
Leasing Fees			
Salaries (other than mgmt. & owner compensation)			
Heating (Gas)			
Electrical			
Water			
Telephone			
Garbage			
Maintenance			
Lawn Care / Parking Lot			
Elevator			
Insurance			
Taxes (Real Estate)			
Taxes (Other)			
Advertising			
Legal			
Accounting			
Miscellaneous (Specify)			
Miscellaneous (Specify)			
Miscellaneous (Specify)			
Reserves for Replacement			

LEASE INFORMATION Please give a brief discription of the terms of the lease(s):

COST INFORMATION

If you are the original owner of this property, please answer the following:	Date	Amount
Land Acquisition		
Building Construction Costs		
Paving, Landscaping, Etc. Costs		
Remodeling Costs		
If you have acquired this property as a unit, please answer the following questions:	Date	Amount
Purchase		
Remodeling Since Purchase (Explain)		
Description of Remodeling:		