

INCOME AND EXPENSE:

General Use

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) | | | |

Rental Breakdown by Unit: _____ Date Effective: _____

Efficiencies:

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

Two Bedroom:

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? _____

| COMMERCIAL TYPE PROPERTIES | YEARS | | |
|---|-------|--|--|
| | | | |
| First Floor Gross Potential Income (Assumes 100% Occupied) | | | |
| Less Vacancy and Collection Loss | | | |
| Actual First Floor Income Received | | | |
| Upper Floors Gross Potential Income (Assumes 100% Occupied) | | | |
| Less Vacancy and Collection Loss | | | |
| Actual Upper Floors Income Received | | | |
| Other Income (Please Explain) | | | |

(See reverse side for expense data)

INCOME AND EXPENSE - GENERAL USE

Rental Breakdown:

1. What is the total amount of:

Gross leasable area First Floor _____ S.F. Net leasable area First Floor _____ S.F.
 Upper Floors _____ S.F. Upper Floors _____ S.F.

2. When determining annual rent, which of the leasable areas do you use? Gross Net

3. What is the gross potential rent per S.F. based on question #2? 1st floor _____ Upper floors _____

What expenses are the tenants responsible for: _____

| EXPENSE INFORMATION | YEARS | | |
|--|-------|--|--|
| | | | |
| Management | | | |
| Leasing Fees | | | |
| Salaries (other than mgmt. & owner compensation) | | | |
| Heating (Gas) | | | |
| Electrical | | | |
| Water | | | |
| Telephone | | | |
| Garbage | | | |
| Janitor | | | |
| Parking Lot Maintenance & Lawn Care | | | |
| Elevator | | | |
| Insurance | | | |
| Taxes (Real Estate) | | | |
| Taxes (Other) | | | |
| Advertising | | | |
| Legal | | | |
| Accounting | | | |
| Others (Specify) | | | |

COST INFORMATION

| If you are the original owner of this property, 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, answer the following: | | |
| Purchase | | |
| Remodeling Since Purchase (Explain) | | |
| Description of Remodeling: | | |

LEASE INFORMATION

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

Please list any conditions or problems that exist related to this property that you feel may be of a detriment to its resale value. This includes, but is not limited to, interior layout, antiquated systems, obsolete fixtures, changes in industry standards, and location.
