

INCOME AND EXPENSE STATEMENT

Name: _____

(LABEL)

Address: _____

Information received is confidential and not open to public inspection.

<u>APARTMENT BUILDINGS</u>	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:

_____ @ \$ _____ per month # _____ @ \$ _____ per month # _____ @ \$ _____ per month

One Bedroom:

_____ @ \$ _____ per month # _____ @ \$ _____ per month # _____ @ \$ _____ per month

Two Bedroom:

_____ @ \$ _____ per month # _____ @ \$ _____ per month # _____ @ \$ _____ per month

Three Bedroom:

_____ @ \$ _____ per month # _____ @ \$ _____ per month # _____ @ \$ _____ per month

Four Bedroom:

_____ @ \$ _____ per month # _____ @ \$ _____ per month # _____ @ \$ _____ per month

Five Bedroom:

_____ @ \$ _____ per month # _____ @ \$ _____ per month # _____ @ \$ _____ per month

Garages:

_____ @ \$ _____ per month

- Indicate (x) if rent payment includes: Gas? Electricity? Water?
- Total number of garage stalls? _____
- Number of surfaced parking spaces (not including garages)? _____

<u>COMMERCIAL PROPERTIES</u>	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)			

Rental Breakdown:

- What is the total amount of:
 Gross leaseable area First Floor _____ S.F. Net leaseable area First Floor _____ S.F.
 Upper Floors _____ S.F. Upper Floors _____ S.F.
- When determining annual rent, which of the leaseable areas do you use? Gross Net
- What is the gross potential rent per S.F. based on question #2? 1st floor _____ Upper floors _____
- What expenses are the tenants responsible for: _____

(See reverse side for expense data)

EXPENSE INFORMATION

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

COST INFORMATION

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

LEASE INFORMATION

Please give a brief description of the terms of the lease.

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.
