

**INCOME AND EXPENSE:**

Apartment Type Properties

Information received is confidential  
and not open to public inspection.

Date: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

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):

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**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:		
Purchase		
Remodeling Since Purchase (Explain)		
Description of Remodeling:		