

# INCOME AND EXPENSE STATEMENT

Name: \_\_\_\_\_

(LABEL)

Address: \_\_\_\_\_

**Information received is confidential and not open to public inspection.**

APARTMENT BUILDINGS	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

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

2. Total number of garage stalls? ..... \_\_\_\_\_

3. Number of surfaced parking spaces (not including garages)? ..... \_\_\_\_\_

COMMERCIAL 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)			

**Rental Breakdown:**

1. 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.

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

3. What is the gross potential rent per S.F. based on question #2? 1<sup>st</sup> floor \_\_\_\_\_ Upper floors \_\_\_\_\_

4. 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.

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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.

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