

## APARTMENTS

**NAME OF COMPLEX:** \_\_\_\_\_

County \_\_\_\_\_ Book \_\_\_\_\_ Map \_\_\_\_\_ Parcel \_\_\_\_\_ (If this is an economic unit, list the Lead Parcel)

**RENT SCHEDULE AS OF 12 / 31**

**TOTAL NUMBER OF UNITS** \_\_\_\_\_

UNIT TYPE	NUMBER FURN.	RENT PER MONTH	NUMBER UNFURN.	RENT PER MONTH
STUDIO	_____	\$ _____	_____	\$ _____
1 BEDROOM	_____	_____	_____	_____
2 BR / 1 BA	_____	_____	_____	_____
2 BR / 2 BA	_____	_____	_____	_____
3 BEDROOM	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
<b>TOTAL UNITS</b>	<b>_____</b>	<b>_____</b>	<b>_____</b>	<b>_____</b>

**UTILITIES**

**TENANT PAYS**

ELECTRIC / GAS      YES     NO   
WATER / SEWER      YES     NO   
TELEPHONE      YES     NO

ON-SITE MANAGER?      YES     NO   
LEASING OFFICE?      YES     NO

**INCOME DATA SUMMARY:**      Provide latest three year history.

	Last Year	Two	Three
		Years Ago	Years Ago
	Year: _____	Year: _____	Year: _____
POTENTIAL GROSS INCOME (100% OCCUPANCY)	= \$ _____	\$ _____	\$ _____
VACANCY AND COLLECTION LOSS (ACTUAL)	= _____	_____	_____
ADJUSTED GROSS INCOME	= _____	_____	_____
OTHER INCOME (LAUNDRY, VENDING, ETC.)	= _____	_____	_____
EFFECTIVE GROSS INCOME	= _____	_____	_____
TOTAL OF ALL EXPENSES	= _____	_____	_____
NET OPERATING INCOME	= \$ _____	\$ _____	\$ _____

**ADDITIONAL INFORMATION / REMARKS**

**NOTE:** Any additional information or documents that support the filed income and expense data may be submitted with this form.

## APARTMENT EXPENSE DATA

### PROVIDE THREE YEAR HISTORY

NOTE: FOR PROPERTY ANALYSIS ALL EXPENSES REPORTED SHOULD BE THE ACTUAL INCURRED EACH YEAR.

**DISALLOWED EXPENSES:** DEPRECIATION, MORTGAGE DEBT SERVICE and PROPERTY TAX (effective tax rate will be added to the capitalization rate).

Last Year	Two Years Ago	Three Years Ago
Year: _____	Year: _____	Year: _____

#### ACTUAL EXPENSES

ANNUAL INSURANCE	\$ _____	\$ _____	\$ _____
MANAGEMENT / AGENT FEES	_____	_____	_____
ADVERTISING PROMOTION	_____	_____	_____
ADMINISTRATIVE / SALARIES	_____	_____	_____
GAS / ELECTRIC	_____	_____	_____
WATER / SEWER	_____	_____	_____
TELEPHONE	_____	_____	_____
BLDG. MAINTENANCE AND REPAIRS	_____	_____	_____
PARKING LOT AND COMMON AREA	_____	_____	_____
SERVICE CONTRACTS	_____	_____	_____
JANITORIAL	_____	_____	_____
SUPPLIES	_____	_____	_____
OTHER EXPENSES (DESCRIBE)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>MAJOR REPLACEMENT / REPAIRS</b> (From Pg. 3)	_____	_____	_____
<b>TOTAL OF ALL EXPENSES =</b>	\$ _____	\$ _____	\$ _____

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## LAST YEAR

### MAJOR REPLACEMENT / REPAIRS

	DATE (MO / YR)	TOTAL COST	÷	AVG. LIFE (YRS)	=	ANNUAL AMT.
HEATING / COOLING	_____	\$_____	÷	_____	=	\$_____
ROOFING	_____	\$_____	÷	_____	=	\$_____
FLOOR COVERINGS	_____	\$_____	÷	_____	=	\$_____
APPLIANCES / WATER HEATER	_____	\$_____	÷	_____	=	\$_____
PAINTING (MULTI-UNIT)	_____	\$_____	÷	_____	=	\$_____
OTHERS						
(DESCRIBE: _____ _____)		\$_____	÷	_____	=	\$_____
				TOTAL FOR LAST YEAR	=	\$_____

## TWO YEARS AGO

### MAJOR REPLACEMENT / REPAIRS

	DATE (MO / YR)	TOTAL COST	÷	AVG. LIFE (YRS)	=	ANNUAL AMT.
HEATING / COOLING	_____	\$_____	÷	_____	=	\$_____
ROOFING	_____	\$_____	÷	_____	=	\$_____
FLOOR COVERINGS	_____	\$_____	÷	_____	=	\$_____
APPLIANCES / WATER HEATER	_____	\$_____	÷	_____	=	\$_____
PAINTING (MULTI-UNIT)	_____	\$_____	÷	_____	=	\$_____
OTHERS						
(DESCRIBE: _____ _____)		\$_____	÷	_____	=	\$_____
				TOTAL FOR TWO YEARS AGO	=	\$_____

## THREE YEARS AGO

### MAJOR REPLACEMENT / REPAIRS

	DATE (MO / YR)	TOTAL COST	÷	AVG. LIFE (YRS)	=	ANNUAL AMT.
HEATING / COOLING	_____	\$_____	÷	_____	=	\$_____
ROOFING	_____	\$_____	÷	_____	=	\$_____
FLOOR COVERINGS	_____	\$_____	÷	_____	=	\$_____
APPLIANCES / WATER HEATER	_____	\$_____	÷	_____	=	\$_____
PAINTING (MULTI-UNIT)	_____	\$_____	÷	_____	=	\$_____
OTHERS						
(DESCRIBE: _____ _____)		\$_____	÷	_____	=	\$_____
				TOTAL FOR THREE YEARS AGO	=	\$_____

**NOTE:** Any additional information or documents that support the filed income and expense data may be submitted with this form.