

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	_____	_____	_____	_____
TOTAL UNITS	_____		_____	

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 Years Ago	Three 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 Year: _____	Two Years Ago Year: _____	Three Years Ago Year: _____
<u>ACTUAL EXPENSES</u>			
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)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>MAJOR REPLACEMENT / REPAIRS</u> (From Pg. 3)	_____	_____	_____
TOTAL OF ALL EXPENSES =	\$ _____	\$ _____	\$ _____

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

MAJOR REPLACEMENT / REPAIRS		LAST YEAR			
	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			= \$ _____

MAJOR REPLACEMENT / REPAIRS		TWO YEARS AGO			
	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			= \$ _____

MAJOR REPLACEMENT / REPAIRS		THREE YEARS AGO			
	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.