

## OFFICE BUILDING / RETAIL STORES

**BUSINESS OR BUILDING NAME:** \_\_\_\_\_

COUNTY \_\_\_\_ BOOK \_\_\_\_ MAP \_\_\_\_ PARCEL \_\_\_\_ (IF THIS IS AN ECONOMIC UNIT, LIST THE LEAD PARCEL)

GROSS SQUARE FEET = \_\_\_\_\_ NET LEASEABLE SQUARE FEET = \_\_\_\_\_

TYPE OF LEASE: GROSS ☐ NET ☐ TRIPLE NET (NNN) ☐ OTHER ☐ (DESCRIBE) \_\_\_\_\_

IS PROPERTY OWNER OCCUPIED? NO ☐ YES ☐ PARTIAL ☐ OWNER'S SQUARE FEET \_\_\_\_\_

**COMPLETE TENANT INFORMATION MUST BE ENTERED ON THE ATTACHED FORM OR ON SEPARATE SHEETS.**

### POTENTIAL CHARGES TO TENANTS

### TENANT PAYS

### DESCRIBE

COMMON AREA MAINTENANCE	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
TAXES	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
INSURANCE	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
MANAGEMENT	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
UTILITIES	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____

**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	= <span style="background-color: yellow;">_____</span>	<span style="background-color: yellow;">_____</span>	<span style="background-color: yellow;">_____</span>
CHARGES TO TENANTS	+ _____	+ _____	+ _____
OVERAGE RENTS	+ _____	+ _____	+ _____
OTHER INCOME (SERVICE, MISC., ETC.)	+ _____	+ _____	+ _____
EFFECTIVE GROSS INCOME	= <span style="background-color: yellow;">_____</span>	<span style="background-color: yellow;">_____</span>	<span style="background-color: yellow;">_____</span>
TOTAL OF ALL EXPENSES	- <span style="background-color: yellow;">_____</span>	- <span style="background-color: yellow;">_____</span>	- <span style="background-color: yellow;">_____</span>
NET OPERATING INCOME	\$ <span style="background-color: yellow;">_____</span>	\$ <span style="background-color: yellow;">_____</span>	\$ <span style="background-color: yellow;">_____</span>

ADDITIONAL INFORMATION / REMARKS

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

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## PROVIDE THREE YEAR HISTORY

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

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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			= \$ _____

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## OFFICE BUILDING / RETAIL STORES TENANT LIST

[illegible]

**NOTE:** Use additional copies of this form, if necessary.