

## SHOPPING CENTERS

**NAME OF CENTER:** \_\_\_\_\_

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

TYPE OF CENTER: ☐ SUPER REGIONAL ☐ REGIONAL ☐ POWER ☐ COMMUNITY ☐ NEIGHBORHOOD

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

MAJOR TENANT SQ FT: \_\_\_\_\_ NON-MAJOR SQ FT: \_\_\_\_\_ PAD SQ FT: \_\_\_\_\_

TYPE OF LEASES (SQ FT): NET \_\_\_\_\_ GROSS \_\_\_\_\_ MODIFIED GROSS \_\_\_\_\_

**NOTE:** FOR PROPER ANALYSIS, 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"/> | _____ |
| REAL ESTATE 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"/> | _____ |
| UTILITIES               | 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"/> | _____ |

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

|   | Last Year   | Two<br>Years Ago  | Three<br>Years Ago                                      |
|---|---|---|---|
|   | Year: _____   | Year: _____   | Year: _____   |
| POTENTIAL GROSS INCOME (100% OCCUPANCY) | = \$ _____  | \$ _____  | \$ _____  |
| VACANCY AND COLLECTION LOSS             | - _____   | - _____   | - _____   |
| ADJUSTED GROSS INCOME                   | = <span style="background-color: yellow;">_____</span>    | <span style="background-color: yellow;">_____</span>    | <span style="background-color: yellow;">_____</span>    |
| CHARGES TO TENANTS (EXPENSE RECOVERY)   | + _____   | + _____   | + _____   |
| PERCENTAGE INCOME (ANNUAL)              | + _____   | + _____   | + _____   |
| OTHER INCOME (SERVICES, LAND LEASES)    | + _____   | + _____   | + _____   |
| 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.

## SHOPPING CENTER EXPENSE DATA

### 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   | Two<br>Years Ago | Three<br>Years Ago |
|---|-------------|------------------|--------------------|
|   | Year: _____ | Year: _____      | Year: _____        |
| <b><u>ACTUAL OPERATING EXPENSES</u></b>                 |             |                  |                    |
| ANNUAL INSURANCE  | \$ _____    | \$ _____         | \$ _____           |
| MANAGEMENT / AGENT FEES                                 | _____       | _____            | _____              |
| LEASING AGENT FEES                                      | _____       | _____            | _____              |
| ADMINISTRATIVE / SALARIES                               | _____       | _____            | _____              |
| ADVERTISING / PROMOTION                                 | _____       | _____            | _____              |
| UTILITIES PAID BY OWNER (NON-COMMON AREA)               | _____       | _____            | _____              |
| PERMITS / LICENSE / LEGAL FEES                          | _____       | _____            | _____              |
| BLDG. MAINTENANCE AND REPAIRS                           | _____       | _____            | _____              |
| NON-RECOVERABLE TENANTS COSTS                           | _____       | _____            | _____              |
| SERVICE CONTRACTS                                       | _____       | _____            | _____              |
| SUPPLIES  | _____       | _____            | _____              |
| JANITORIAL  | _____       | _____            | _____              |
| 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<br>(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<br>(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<br>(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.

## TENANT LIST

[illegible]

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