

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 Years Ago	Three Years Ago
	Year: _____	Year: _____	Year: _____
POTENTIAL GROSS INCOME (100% OCCUPANCY)	= \$ _____	\$ _____	\$ _____
VACANCY AND COLLECTION LOSS	= _____	- _____	- _____
ADJUSTED GROSS INCOME	= _____	_____	_____
CHARGES TO TENANTS (EXPENSE RECOVERY)	= + _____	+ _____	+ _____
PERCENTAGE INCOME (ANNUAL)	= + _____	+ _____	+ _____
OTHER INCOME (SERVICES, LAND LEASES)	= + _____	+ _____	+ _____
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.

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 Years Ago	Three Years Ago
Year: _____	Year: _____	Year: _____

ACTUAL OPERATING EXPENSES

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):	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		
<u>MAJOR REPLACEMENTS / REPAIRS</u> (From Pg. 3)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
TOTAL OF ALL EXPENSES =	\$ <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	\$ <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	\$ <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

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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.

TENANT LIST

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