

MIXED USE PROPERTY----RENTAL INCOME STATEMENT

LAND USE CODE:

MAP-LOT:

Calendar Year: 2016

LOCATION:

Parcel ID:

**IF PROPERTY IS 100% OWNER OCCUPIED AND THERE IS NO RENTAL DATA APPLICABLE
CHECK HERE _____ AND PROCEED TO EXPENSE PAGE**

Commercial Lease Information: Please provide information on current leases as of January 1, 2015

					Lease Terms			
Floor Level	Tenant Name/or Owner Occupied	Type of Space	Leased Area (Sq. ft.)	Rent per SF on Jan. 1st	Annual Rent	Start Date (Mo/Yr)	Term in years	Basis Gross, Net, NNN
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

Residential Rental Information: Please provide the following rental information.

The effective reporting date is January 1st.				Rent Incentives		Lease Terms			
Unit Type	Total # of Units	Rent per Month	Annual Rent	Free Rent	Floor #	Lease Start Date (Mo/Yr)	Heat Included (Y/N)	Electric Included (Y/N)	Lease or TAW
Studio		\$		\$					
		\$		\$					
One Bedroom		\$		\$					
		\$		\$					
Two Bedroom		\$		\$					
		\$		\$					
Three Bedroom		\$		\$					
		\$		\$					
Four Bedroom		\$		\$					
		\$		\$					
Weekly		\$		\$					
		\$		\$					

CALENDAR YEAR INCOME SUMMARY

Total Potential Gross Income	Total Concessions	Total Vacancies	Total Collection Loss	Total Parking Income	Total Other Income	Total Rent Collected
\$	(\$)	(\$)	(\$)	\$	\$	\$

Parcel ID:		Location:		Expenses for Calendar Year: 2016	
LAND USE CODE	Landlord Amount	Tenant Amount		Landlord Amount	Tenant Amount
Management & Administrative			Maintenance & Cleaning		
Management Wages or Fee	\$	\$	Wages	\$	\$
Legal & Accounting	\$	\$	Supplies	\$	\$
Security Wages	\$	\$	Maint. Service Contract Fee	\$	\$
Payroll	\$	\$	Grounds Keeping	\$	\$
Group Insurance	\$	\$	Rubbish Removal	\$	\$
Telephone	\$	\$	Snow Removal	\$	\$
Advertising	\$	\$	Exterminator	\$	\$
Commissions	\$	\$	Other	\$	\$
Other	\$	\$		\$	\$
Total	\$	\$	Total	\$	\$
Repairs & Alterations			Capital Improvements		
Exterior	\$	\$	Description		
Interior	\$	\$		\$	\$
Mechanical	\$	\$		\$	\$
Electrical	\$	\$		\$	\$
Plumbing	\$	\$		\$	\$
Total	\$	\$	Total	\$	\$
Utilities			Other Expenses		
Electricity	\$	\$	Real Estate Taxes	\$	\$
Gas	\$	\$	Reserve for Replacement	\$	\$
Oil	\$	\$	Apartments for Employees	\$	\$
Water	\$	\$	Insurance (1 yr. Premium)	\$	\$
Sewer	\$	\$		\$	\$
Total	\$	\$	Total	\$	\$
Submitted by:	Title:	Phone:	Signature:	Date:	

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