

Land Use Code: Map-Lot:	Apartment Use Property	Calendar Year: 2018
Location:	Rental Income Statement	Parcel I.D.:

THIS FORM ALSO FOR—HOTELS, NURSING HOMES, ASSISTED LIVING COMPLEX, ROOMING HOUSES

Floor Level	# Bedrooms/ #Baths	Heat Included Yes/No	Electricity Included Yes/No	Monthly Rent	Annual Rent	Lease? Yes/No	Furnished or Unfurnished	Parking Fee Amount
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

Property Summary	# of Units	Avg. Monthly Rent	Owner Occupied?	Parking Information	Total # of Spaces	Single Space Monthly
Studio		\$		Indoor		\$
One		\$		Outdoor		\$
Two		\$		Comments:		
Three		\$				
Four		\$				
Total # of Units:						
Total # Vacant Jan1						

Calendar Year Income Summary

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

Annual Expenses

Parcel ID:	Location:	Expenses for Calendar Year:			
LAND USE CODE 111/112	Landlord Amount	Tenant Amount		Landlord Amount	Tenant Amount
Management & Administrative			Maintenance & Cleaning		
Management Fee	\$	\$	Wages	\$	\$
Legal & Accounting	\$	\$	Supplies	\$	\$
Security	\$	\$	Maint. Service Contract Fee	\$	\$
Telephone	\$	\$	Grounds Keeping	\$	\$
Advertising	\$	\$	Rubbish Removal	\$	\$
Commissions	\$	\$	Snow Removal	\$	\$
Other _____	\$	\$	Exterminator	\$	\$
Other _____	\$	\$	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:	