

**Annual Income and Expense Report Summary Page**

Owner: _____	Property Name: _____
Mailing Address: _____	Property Address: _____
City/State/Zip: _____	Parcel ID/SBL: _____
Phone 1: _____ Mobile: _____	Fax: _____
Phone 2: _____ E Mail Address: _____	@ _____

1. Primary Use of Property: Circle appropriate item

A. Apartment B. Office C. Retail D. Industrial E. Mixed Use F. Shopping Center G. Other: \_\_\_\_\_

- 2. Gross Building Area (including Owner Occupied space): \_\_\_\_\_
- 3. Net Leasable Area: \_\_\_\_\_
- 4. Owner Occupied Area \_\_\_\_\_
- 5. Number of Units \_\_\_\_\_
- 6. Number of Parking Spaces: \_\_\_\_\_
- 7. Building Age: \_\_\_\_\_
- 8. Year(s) Remodeled: \_\_\_\_\_

**Income**

- 9. Apartment Rentals (attach schedule A) \$ \_\_\_\_\_
- 10. Office Rentals (attach Schedule B) \$ \_\_\_\_\_
- 11. Retail Rentals (attach Schedule B) \$ \_\_\_\_\_
- 12. Mixed Rentals (attach Schedule B) \$ \_\_\_\_\_
- 13. Shopping Center Rentals (attach Schedule B) \$ \_\_\_\_\_
- 14. Industrial Rentals (attach Schedule B) \$ \_\_\_\_\_
- 15. Other Rentals (attach Schedule B) \$ \_\_\_\_\_
- 16. Parking Rentals (attach Schedule B) \$ \_\_\_\_\_
- 17. Other Property Rental/ Income \$ \_\_\_\_\_
- 18. Total Potential Income (sum lines 9 to 17) \$ \_\_\_\_\_**
- 19. Loss due to Vacancy and Credit \$ \_\_\_\_\_
- 20. Effective Annual Income (line 18 minus line 19) \$ \_\_\_\_\_

**Expenses**

- |  |   |
|--|---|
| 21. Heat/Air-conditioning \$ _____                   | 32. Elevator Maintenance \$ _____           |
| 22. Electricity \$ _____                             | 33. Tenant Improvement (specify) \$ _____   |
| 23. Other Utilities \$ _____                         | 34. Other (specify) _____ \$ _____          |
| 24. Payroll (except mngmt., repair & décor) \$ _____ | 35. Other (specify) _____ \$ _____          |
| 25. Supplies (janitorial, etc.) \$ _____             | 36. Other (specify) _____ \$ _____          |
| 26. Management \$ _____                              | 37. Security \$ _____                       |
| 27. Insurance \$ _____                               | 38.Total Expenses (lines 21 to 27) \$ _____ |
| 28. Common Area Maintenance \$ _____                 | 39. Net Operating Income \$ _____           |
| 29. Maintenance \$ _____                             | 40. Capital Expenditure \$ _____            |
| 30. Leasing Fees/Commissions/Advertising \$ _____    | 41. Real Estate Taxes \$ _____              |
| 31. Legal \$ _____                                   | 42. Mortgage Payment (P&I) \$ _____         |

***I hereby declare, under penalty of perjury, that the foregoing information, according to the best of my knowledge, remembrance and belief, is a true and complete statement of all income and expenses attributable to the above - identified property.***

Signature: _____	Title: _____
Print Name: _____	Date: _____