



**APARTMENT INCOME**

INDICATE WITH "X"  
Expenses Paid / Items Supplied by Owner

NO. UNITS OF THIS TYPE	NO. OF ROOMS	NO. OF BEDROOMS	NO. OF BATHS	RENT PER MONTH	FLOOR LEVEL	H E A T	E L E C T R I C	R U B B I S H	A I R C O N D.	R E F R I G E R A T O R	S T O V E	D I S H W A S H E R	D I S P O S A L	F U R N I T U R E	M I C R O W A V E

\* Excluding Bathrooms

**HOTEL/MOTEL INCOME**

TYPE	No. UNITS	RATES			ANNUAL OCCUPANCY PERCENT
		HIGH	LOW	SWING	

**OTHER INCOME**

PARKING	OTHER
LAUNDRY	OTHER
VENDING	OTHER

**SALES INFORMATION**

If the property was purchased within the past 10 years, complete the following.

LAND ONLY	LAND AND BUILDINGS
PRICE \$ _____ DATE ____/____/____	PRICE \$ _____ DATE ____/____/____
COMMENTS ON ANY SPECIAL CONDITIONS	

**CONSTRUCTION COSTS**

Complete if construction or major remodeling was performed within past 10 years


**OTHER INFORMATION**

Please provide any information which may assist in arriving at a fair and equitable appraisal of this property.


**ANNUAL EXPENSES**

Items	20	20	
MANAGEMENT	GROSS AREA		
	NET LEASABLE		
	MNGMNT FEE		
	COMMISSIONS		
	LEGAL		
	ACCOUNTING		
GENERAL	PAYROLL TAX		
	SNOW REMOVAL		
	BLDG SUPPLIES		
	TRASH		
CLEANING	MISC.		
	WAGES		
	SUPPLIES		
UTILITIES	CONTRACT SERVICES		
	HEATING		
	ELECTRIC		
	AIR COND.		
	WATER		
	SEWER		
CONSTRUCTION	ELEVATOR		
	OTHER UTILS.		
	DECORATING		
	REPAIRS AND MAINTENANCE		
FIXED EXPENSE	TENANT ALLOW.		
	OTHER CONSTR.		
	INSURANCE		
	REAL ESTATE TAXES		
	OTHER TAX		
	DEPRECIATION		
	FURN. & FIXT.		
	INTEREST		
LAND RENT			
OTHER	BAD DEBT		
	VAC RATE		
	OTHER EXP.		
TOTAL			

PREPARED BY \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone No. \_\_\_\_\_