

Gross Annual Property Expenses for _____
 (year)

Tax Key # _____
 (For tax key – see cover letter)

Confidential

Property Address _____

Utilities

Heat \$ _____
 Water/Sewer \$ _____
 Gas \$ _____
 Electric \$ _____
 Other \$ _____
 \$ _____

Administrative Expenses

Office \$ _____
 Wages/Salary \$ _____
 Leasing Costs \$ _____
 Legal \$ _____
 Advertising \$ _____
 Accounting \$ _____
 Misc. \$ _____
 \$ _____

Operating Expenses

Repairs \$ _____
 Security \$ _____
 Supplies \$ _____
 Annual Insurance \$ _____
 (fire/liability only)
 Elevator \$ _____
 Grounds \$ _____
 Janitorial \$ _____
 Trash Collection \$ _____
 Pest Control \$ _____
 Common Area Maintenance... \$ _____
 (not reimbursed by tenant)
 Misc _____ \$ _____
 \$ _____

Management \$ _____

Real Estate Taxes \$ _____
 (not reimbursed by tenant)

Reserves for Replacement \$ _____
 (examples: roof, paving, mechanicals, floor coverings)

Total Expenses \$ _____

Instructions –

- Please report the operating expenses for the last complete year (12 month period). Enter the annual expenses for the items listed.
- Report all expenses you incurred on your building to the most appropriate category listed on this form.
- Round to the nearest dollar amount.
- **Do not include depreciation allowances or mortgage payments as an expense.**
- **Adjust expenses that do not occur annually to an annual basis.**
 (For example: Leasing Costs and Fire and Liability insurance with one payment covering multiple years).

Year which expenses represent _____ to _____
 (month) (year) (month) (year)

Return Address: _____

Signature	Title	Telephone Number () -	Date
-----------	-------	---------------------------	------

Tax Key # _____
 (For tax key - see cover letter)

Property Address: _____

Confidential

Current Rent Roll of COMMERCIAL Tenants

Tenant		Floor #	Square Feet Occupied	Leased From Mo/Yr to Mo/Yr	Cost of Leasehold Improvements provided by:		Current MONTHLY Rent	Rent Includes Y = Yes N = No		Number of Months Unit Vacant (last 36 months)	ANNUAL Miscellaneous Income	ANNUAL Income From Percentage Rents	ANNUAL Income From Common Area Maintenance	Additional Real Estate Taxes Paid by Tenant (annual amount)
Name	Unit #				Lessor	Lessee		Heat	Electric					

2

Current Rent Roll of APARTMENT Tenants

Please list all the rentable areas of your building, occupied and vacant (including owner occupied space).

Other Income Items

Unit # or Address	Floor #	Description of Apartment			Indicate Mo/Yr Tenant Originally Moved IN	MONTHLY Rent	Rent Includes Y = Yes N = No		Number of Months Unit Vacant (last 36 months)
		# Bedrooms	# Baths	Other Features			Heat	Electric	

Items	Annual Income
Billboard	
Garage	
Other	
Laundry	
Storage	

Date which rent roll represents _____ (month) _____ (year) Return Address: _____

Signature	Title	Telephone Number () -	Date
-----------	-------	---------------------------	------

Supplemental Lease Questionnaire

Property Address _____

Tenant Name _____ Suite / Unit No. _____

1. Lease is for: Land only Land and building

2. Lease covers: Entire property Part of property ► _____ sq. ft. of land _____ sq. ft. of building

3. Lease period: From: _____ (month-day-year) To: _____ (month-day-year)

4. Base rental \$ _____ per ► month year

5. Does landlord get a percentage of sales? Yes No

a. What % of sales? _____ % _____ % above \$ _____ sales

b. The landlord's percentage is **included** in base rent **in addition to base**

6. Is there an option to renew lease? Yes No

Additional _____ years at \$ _____ per year and/or \$ _____

Additional _____ years at \$ _____ per year and/or \$ _____

7. Expenses Paid by –

- | | | | |
|-------------------------|--------------------------------|---------------------------------|--|
| Utilities: Electricity | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | |
| Gas or Heat / AC | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | |
| Water | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | |
| Sewer | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | |
| Garbage & Trash | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | |
| Exterior Maintenance | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | |
| Interior Maintenance | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | |
| Insurance: Fire | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | |
| Liability | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | |
| Property Taxes | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | |
| Other Expenses \$ _____ | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | |

Describe: _____

8. List tenant improvements NOT included in the lease:

	Year	
Description	Installed	Cost New
_____	_____	\$ _____
_____	_____	\$ _____

9. Other remarks relative to the above property or lease.

Signature of Owner, Manager or Agent	Telephone Number () -	Date
--------------------------------------	-----------------------------------	------

All information requested will be considered CONFIDENTIAL and will be used only for assessment purposes.