

Apartment Gross Annual Property Expenses for Latest Year

CONFIDENTIAL

TaxKey #
Neighborhood Number

Property Address:
Appraiser:

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: Fire and Liability insurance with one payment covering multiple years).

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

Signature (and title)

Date

Telephone #

TaxKey #

Property Address: :

Appraiser:

CURRENT RENT ROLL OF APARTMENT UNITS

(THE INFORMATION PROVIDED WILL BE REGARDED AS CONFIDENTIAL TO THE FULL EXTENT ALLOWED BY LAW.)

Table with columns: Scheduled Income (Apartment Unit Description, # of rooms, # of bedrms, # of baths, monthly rent/unit, # of units, total rent), Check If Included In Base Rent (heat, dom. hot water, elec, cook gas, refrig, range, dish washer, A/C), and Type Of Parking (under ground, surface, garage).

Total Monthly Rent = _____ x 12 = \$ _____ (Annual Rental)

Underground/Inside Parking _____ spaces @ _____ = \$ _____

Surface/Outside Parking _____ spaces @ _____ = \$ _____

Garage Stalls _____ spaces @ _____ = \$ _____

Laundry Income \$ _____

Other _____ \$ _____

Total Other Monthly Income \$ _ x 12 = \$ _____ (Annual Other Income)

Total Potential Gross Annual Income (Annual Rent + Annual Other Income) \$ _____

Annual Estimated Vacancy and Rent Collection Loss \$ _____

Date which rent roll represents _____ month _____ year

Signature (and title)

Date

Telephone Number

Important: Enter last year's Actual income collected after vacancy and collection loss. (for example Federal Schedule E, line 3) \$ _____