

Tax Roll Acct:

Other Income (Annual)

Income Type	Amount
Laundry	
Pet Fee	
Other:	
Other:	
Other:	
Other:	

Parking Income

Does the property have the following?

Parking Type	# of Stalls	Monthly Rent	Monthly Discount
Enclosed – Heated			
Enclosed – Unheated			
Carport			

Is the parking rented to a 3rd party? No If, yes: _____
 # of stalls rented: _____ Monthly rent/stall: _____

PROPERTY EXPENSES (Actual Annual Building Expenses)

(DO NOT INCLUDE mortgage, bank charges, property taxes, debt charges, depreciation, business expenses or expenses incurred by your tenants)

Expenses	Amount
Advertising / Marketing	
City License Fee	
Office / Accounting	
Owner Paid Utilities	Included in Rent?
Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Natural Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water & Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waste & Recycling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management Fee: <input type="checkbox"/> Self Mgmt <input type="checkbox"/> Professional Mgmt	
Caretaker Suite Rent / Wage	
Cleaning Supplies	
Annual Insurance	
Other:	

Equipment Replacement	Quantity	Total Cost (During This Year Only)
Fridge		
Stove		
Washer		
Dryer		
Dishwasher		
Air Conditioner		
Other:		
Improvement Expenses	Capital Expenses*	Repair Expenses**
Roof		
Exterior Finish		
Windows & Doors		
HVAC		
Decks / Balconies		
Cabinets		
Flooring		
Plumbing Fixtures		
Painting / Decorating	N/A	
Other:		
Other:		

***Capital Expense** gives a lasting benefit, advantage or extends the useful life of your property or improves it beyond its original condition. (i.e., the cost of replacing a roof - every 20 years)

****Repair Expense** is one that generally reoccurs over a short period. (i.e., the cost of painting the interior of a suite - completed each year)

COMMENTS

APPRAISAL

Was there an appraisal done on the property in the last 3 years? Yes No

If Yes, Date of Appraisal: _____ Purpose of Appraisal: _____ Amount: _____

CERTIFICATION

All information provided herein has been examined by me and is true, current, and complete to the best of my knowledge.

Signature: _____ Name: _____

Daytime Phone No: _____ Email: _____

Date: _____