

Annual Expenses for All Property Uses

Parcel ID:				Expenses for		2017		LUC	
Location:				Calendar Year:					
	CHECK HERE IF OWNER- OCCUPIED	Landlord Amount	Tenant Amount			Landlord Amount	Tenant Amount		
Management & Administrative				Maintenance & Cleaning					
Management Wages or Fee		\$	\$	Wages		\$	\$		
Legal & Accounting		\$	\$	Supplies		\$	\$		
Security Wages		\$	\$	Maint. Service Contract Fee		\$	\$		
Payroll		\$	\$	Grounds Keeping		\$	\$		
Group Insurance		\$	\$	Rubbish Removal		\$	\$		
Telephone		\$	\$	Snow Removal		\$	\$		
Advertising		\$	\$	Exterminator		\$	\$		
Commissions		\$	\$	Other		\$	\$		
Other		\$	\$			\$	\$		
Total		\$	\$	Total		\$	\$		
Repairs & Alterations				Capital Improvements					
Exterior		\$	\$	Description					
Interior		\$	\$			\$	\$		
Mechanical		\$	\$			\$	\$		
Electrical		\$	\$			\$	\$		
Plumbing		\$	\$			\$	\$		
Total		\$	\$	Total		\$	\$		
Utilities				Other Expenses					
Electricity		\$	\$	Real Estate Taxes		\$	\$		
Gas		\$	\$	Reserve for Replacement		\$	\$		
Oil		\$	\$	Apartments for Employees		\$	\$		
Water		\$	\$	Insurance (1 yr. Premium)		\$	\$		
Sewer		\$	\$			\$	\$		
Total		\$	\$	Total		\$	\$		
Comments:									

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: _____ Title: _____ Phone: _____
 Signature: _____ Date: _____

Parcel ID:	Apartment Use Property	Calendar Year:	2017	LUC
Property Location:	Rental Income Statement			

Occupancy Information:								
Floor Level	# Bedrooms/ #Baths	Heat (Y/N)	Electricity (Y/N)	Monthly Rent	Annual Rent	Lease Or TAW	Furnished or Unfurnished	Parking
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

<i>Property Summary</i>	# of Units	Avg. Monthly Rent	Owner Occupied?	<i>Parking Information</i>	Total # of Spaces	Single Space Monthly
Studio		\$		Indoor		\$
One		\$		Outdoor		\$
Two		\$		Total:		
Three		\$		Comments:		
Four		\$				
Total # of Units:						
Total # Vacant Jan1						

Calendar Year Income Summary

Total Potential Gross Income	Total Rent Concessions	Total Vacancies	Total Collection Loss	Total Parking Income	Total Other Income	Total Rent Collected
\$	(\$)	(\$)	(\$)	\$	\$	\$

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Submitted by: _____ Title: _____ Phone: _____
Signature: _____ Date: _____