

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: _____

Mixed Use Property ~ Rental Income Statement

Parcel ID:	Calendar Year:	2017	LUC
Prop Location:			

Commercial Lease Information: Please provide information on current leases as of January 1st.

Floor Level	Tenant Name	Type of Space	Leased Area (Sq. ft.)	Rent per SF on Jan. 1st	Lease Terms			
					Annual Rent	Start Date (Mo/Yr)	Term in years	Basis Gross, Net, NNN
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

Residential Rental Information: Please provide the following rental information.

The effective reporting date is January 1st.				Rent Incentives		Lease Terms			
Unit Type	Total # of Units	Rent per Month	Annual Rent	Free Rent	Free # of Months	Lease Start Date (Mo/Yr)	Heat (Y/N)	Elect (Y/N)	Lease or TAW
Studio		\$		\$					
		\$		\$					
One Bedroom		\$		\$					
		\$		\$					
Two Bedroom		\$		\$					
		\$		\$					
Three Bedroom		\$		\$					
		\$		\$					
Four Bedroom		\$		\$					
		\$		\$					
Weekly		\$		\$					
		\$		\$					

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