

**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
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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					

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**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
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## 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: \_\_\_\_\_ To: \_\_\_\_\_  
(month-day-year) (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  Owner  Tenant

Gas or Heat / AC  Owner  Tenant

Water  Owner  Tenant

Sewer  Owner  Tenant

Garbage & Trash  Owner  Tenant

Exterior Maintenance  Owner  Tenant

Interior Maintenance  Owner  Tenant

Insurance: Fire  Owner  Tenant

Liability  Owner  Tenant

Property Taxes  Owner  Tenant

Other Expenses \$ \_\_\_\_\_  Owner  Tenant

Describe: \_\_\_\_\_

8. List tenant improvements NOT included in the lease:

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

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

Signature of Owner, Manager or Agent	Telephone Number  (      ) -      -	Date
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**All information requested will be considered CONFIDENTIAL and will be used only for assessment purposes.**