



PROPERTY RENT ROLL AND OPERATING STATEMENT

FOR THE YEAR 20_____

DATE: _____

BORROWER'S NAME: _____

PROPERTY ADDRESS: _____

*Unit #	Tenant	Type of Business	Sq. Ft	# of Bedrooms/ Baths	Currently Rented	Current Lease	Lease Effective Date	Lease Expiration Date	Monthly Rent
_____	_____	_____	_____	_____	Yes ___ No ___	Yes ___ No ___	_____	_____	\$ _____
_____	_____	_____	_____	_____	Yes ___ No ___	Yes ___ No ___	_____	_____	\$ _____
_____	_____	_____	_____	_____	Yes ___ No ___	Yes ___ No ___	_____	_____	\$ _____
_____	_____	_____	_____	_____	Yes ___ No ___	Yes ___ No ___	_____	_____	\$ _____
_____	_____	_____	_____	_____	Yes ___ No ___	Yes ___ No ___	_____	_____	\$ _____
_____	_____	_____	_____	_____	Yes ___ No ___	Yes ___ No ___	_____	_____	\$ _____
_____	_____	_____	_____	_____	Yes ___ No ___	Yes ___ No ___	_____	_____	\$ _____
_____	_____	_____	_____	_____	Yes ___ No ___	Yes ___ No ___	_____	_____	\$ _____
_____	_____	_____	_____	_____	Yes ___ No ___	Yes ___ No ___	_____	_____	\$ _____
_____	_____	_____	_____	_____	Yes ___ No ___	Yes ___ No ___	_____	_____	\$ _____
_____	_____	_____	_____	_____	Yes ___ No ___	Yes ___ No ___	_____	_____	\$ _____
Total									\$ _____

* Please indicate if store, or office, or other commercial tenant

Below please complete only those items that apply.

Gross Annual Rental Income				Annual Operating Expenses	
Stores.....	Total Number of Units _____	\$ _____	Total Sq. Ft _____	Gas & Electricity	\$ _____
Lofts/Offices.....	Total Number of Units _____	\$ _____	Total Sq. Ft _____	Fuel (Type: _____)	\$ _____
Apartments.....	Total Number of Appts. _____	\$ _____	Total Sq. Ft _____	Trash Removal, Pest Control	\$ _____
Total Income		\$ _____		Painting Casual Labor	\$ _____
				General Repairs/Maintenance	\$ _____
				Management Expense	\$ _____
				Advertising	\$ _____
				Auto & Travel	\$ _____
				Commissions	\$ _____
				Legal	\$ _____
				Other	\$ _____
				Total Operating Expenses	_____
				Real Estate Taxes	\$ _____
				Insurance: Fire	\$ _____
				Flood	\$ _____
				Liability	\$ _____
				Water and Sewer	\$ _____
				Total Fixed Expenses	\$ _____
				Grand Total	\$ _____

Unit #	Tenant	Expenses Paid by Tenant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I (we) understand that the Lender shall rely on the above information in the further processing and closing of the Commercial Loans , and (we) agree that our representations and warranties hereunder shall survive such closing and shall be continuing for the term of the loan. I (we) Hereby certify to you that the forgoing information true, complete and accurate.

Signed By: Agent () Current Owner () Please check applicable

Applicant Signature Date

Co-Applicant Signature Date

Print Name

Print Name