

APARTMENT OPERATING HISTORY

Property Address _____

Annual Income	20 _____	20 _____	YTD _____	# Months
Rental Income Collected	\$ _____	\$ _____	\$ _____	
Laundry Income	_____	_____	_____	
Garage Income	_____	_____	_____	
Other Income	_____	_____	_____	
Total Income Collected	\$ _____	\$ _____	\$ _____	

Annual Expenses				
Taxes	_____	_____	_____	
Insurance	_____	_____	_____	
License	_____	_____	_____	
Rubbish	_____	_____	_____	
Electricity *(N)	_____	_____	_____	
Water *(Y)	_____	_____	_____	
Gas *(Y)	_____	_____	_____	
Cable TV	_____	_____	_____	
Gardener	_____	_____	_____	
Resident Manager	_____	_____	_____	
Offsite Manager	_____	_____	_____	
Supplies	_____	_____	_____	
Onsite Manager	_____	_____	_____	
Elevator	_____	_____	_____	
Cleaning Expense	_____	_____	_____	
Advertising	_____	_____	_____	
Telephone	_____	_____	_____	
Building Maint. & Repair	_____	_____	_____	
Painting & Decorating	_____	_____	_____	
Pest Control	_____	_____	_____	
Other (Reserves)	_____	_____	_____	

Capital Improvements (Non-Recurring Expenses)				
Appliances	_____	_____	_____	
Flooring	_____	_____	_____	
Drapes	_____	_____	_____	
Heating/AC	_____	_____	_____	
Furniture	_____	_____	_____	
Roof	_____	_____	_____	
Other (Paint & Stucco)	_____	_____	_____	
Total Expenses	\$ _____	\$ _____	\$ _____	

Net Operating Income	\$ _____	\$ _____	\$ _____
-----------------------------	-----------------	-----------------	-----------------

* If master metered, please indicate.

I certify under penalty of perjury that the information herein is true and correct as of _____ Date

Borrower/ Seller _____	Date _____	Borrower/ Seller _____	Date _____
Seller			