

**OFFICE BUILDING / RETAIL STORES**

**BUSINESS OR BUILDING NAME:** \_\_\_\_\_

COUNTY \_\_\_\_ BOOK \_\_\_\_ MAP \_\_\_\_ PARCEL \_\_\_\_ (IF THIS IS AN ECONOMIC UNIT, LIST THE LEAD PARCEL)

GROSS SQUARE FEET = \_\_\_\_\_ NET LEASEABLE SQUARE FEET = \_\_\_\_\_

TYPE OF LEASE: GROSS          NET          TRIPLE NET (NNN)          OTHER          (DESCRIBE) \_\_\_\_\_

IS PROPERTY OWNER OCCUPIED? NO          YES          PARTIAL          OWNER'S SQUARE FEET \_\_\_\_\_

**COMPLETE TENANT INFORMATION MUST BE ENTERED ON THE ATTACHED FORM OR ON SEPARATE SHEETS.**

| <u>POTENTIAL CHARGES TO TENANTS</u> |      | <u>TENANT PAYS</u> |         | <u>DESCRIBE</u> |
|-------------------------------------|------|--------------------|---------|-----------------|
| COMMON AREA MAINTENANCE             | NONE | ALL                | PARTIAL | _____           |
| TAXES                               | NONE | ALL                | PARTIAL | _____           |
| INSURANCE                           | NONE | ALL                | PARTIAL | _____           |
| MANAGEMENT                          | NONE | ALL                | PARTIAL | _____           |
| UTILITIES                           | NONE | ALL                | PARTIAL | _____           |

**INCOME DATA SUMMARY:** Provide latest three year history.

|   | Last Year   | Two<br>Years Ago | Three<br>Years Ago |
|---|-------------|------------------|--------------------|
|   | Year: _____ | Year: _____      | Year: _____        |
| POTENTIAL GROSS INCOME (100% OCCUPANCY) = | \$ _____    | \$ _____         | \$ _____           |
| VACANCY AND COLLECTION LOSS (ACTUAL)      | - _____     | - _____          | - _____            |
| ADJUSTED GROSS INCOME                     | = _____     | _____            | _____              |
| CHARGES TO TENANTS                        | + _____     | + _____          | + _____            |
| OVERAGE RENTS                             | + _____     | + _____          | + _____            |
| OTHER INCOME (SERVICE, MISC., ETC.)       | + _____     | + _____          | + _____            |
| EFFECTIVE GROSS INCOME                    | = _____     | _____            | _____              |
| TOTAL OF ALL EXPENSES                     | - _____     | - _____          | - _____            |
| NET OPERATING INCOME                      | \$ _____    | \$ _____         | \$ _____           |

ADDITIONAL INFORMATION / REMARKS

**NOTE:** Any additional information or documents that support the filed income and expense data may be submitted with this form.

**OFFICE BUILDING / RETAIL STORES**  
**PROVIDE THREE YEAR HISTORY**

NOTE: FOR PROPER ANALYSIS, ALL EXPENSES REPORTED SHOULD BE THE **ACTUAL** INCURRED EACH YEAR.

**DISALLOWED EXPENSES:** DEPRECIATION, MORTGAGE DEBT SERVICE and PROPERTY TAX (effective tax rate will be added to the capitalization rate).

|   | Last Year<br>Year: _____ | Two<br>Years Ago<br>Year: _____ | Three<br>Years Ago<br>Year: _____ |
|---|--------------------------|---------------------------------|-----------------------------------|
| <b><u>ACTUAL EXPENSES</u></b>                           |                          |                                 |                                   |
| ANNUAL INSURANCE  | \$ _____                 | \$ _____                        | \$ _____                          |
| MANAGEMENT / AGENT FEES                                 | _____                    | _____                           | _____                             |
| ADVERTISING / PROMOTION                                 | _____                    | _____                           | _____                             |
| GAS / ELECTRIC  | _____                    | _____                           | _____                             |
| WATER / SEWER   | _____                    | _____                           | _____                             |
| TELEPHONE   | _____                    | _____                           | _____                             |
| BLDG. MAINTENANCE AND REPAIRS                           | _____                    | _____                           | _____                             |
| PARKING LOT AND COMMON AREA                             | _____                    | _____                           | _____                             |
| SERVICE CONTRACTS                                       | _____                    | _____                           | _____                             |
| JANITORIAL  | _____                    | _____                           | _____                             |
| SUPPLIES  | _____                    | _____                           | _____                             |
| OTHER EXPENSES (DESCRIBE):                              |                          |                                 |                                   |
| _____   | _____                    | _____                           | _____                             |
| _____   | _____                    | _____                           | _____                             |
| _____   | _____                    | _____                           | _____                             |
| <b><u>MAJOR REPLACEMENTS / REPAIRS</u></b> (From Pg. 3) | _____                    | _____                           | _____                             |
| <b>TOTAL OF ALL EXPENSES=</b>                           | <b>\$ _____</b>          | <b>\$ _____</b>                 | <b>\$ _____</b>                   |

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| <b>MAJOR REPLACEMENT / REPAIRS</b> |                   | <b>LAST YEAR</b> |   |                            |                   |
|------------------------------------|-------------------|------------------|---|----------------------------|-------------------|
|                                    | DATE<br>(MO / YR) | TOTAL COST       | ÷ | AVG. LIFE (YRS)            | = ANNUAL AMT.     |
| HEATING / COOLING                  | _____             | \$ _____         | ÷ | _____                      | = \$ _____        |
| ROOFING                            | _____             | \$ _____         | ÷ | _____                      | = \$ _____        |
| FLOOR COVERINGS                    | _____             | \$ _____         | ÷ | _____                      | = \$ _____        |
| APPLIANCES / WATER HEATER          | _____             | \$ _____         | ÷ | _____                      | = \$ _____        |
| PAINTING (MULTI-UNIT)              | _____             | \$ _____         | ÷ | _____                      | = \$ _____        |
| OTHERS                             |                   |                  |   |                            |                   |
| (DESCRIBE: _____<br>_____)         | _____             | \$ _____         | ÷ | _____                      | = \$ _____        |
|                                    |                   |                  |   | <b>TOTAL FOR LAST YEAR</b> | <b>= \$ _____</b> |

| <b>MAJOR REPLACEMENT / REPAIRS</b> |                   | <b>TWO YEARS AGO</b> |   |                                |                   |
|------------------------------------|-------------------|----------------------|---|--------------------------------|-------------------|
|                                    | DATE<br>(MO / YR) | TOTAL COST           | ÷ | AVG. LIFE (YRS)                | = ANNUAL AMT.     |
| HEATING / COOLING                  | _____             | \$ _____             | ÷ | _____                          | = \$ _____        |
| ROOFING                            | _____             | \$ _____             | ÷ | _____                          | = \$ _____        |
| FLOOR COVERINGS                    | _____             | \$ _____             | ÷ | _____                          | = \$ _____        |
| APPLIANCES / WATER HEATER          | _____             | \$ _____             | ÷ | _____                          | = \$ _____        |
| PAINTING (MULTI-UNIT)              | _____             | \$ _____             | ÷ | _____                          | = \$ _____        |
| OTHERS                             |                   |                      |   |                                |                   |
| (DESCRIBE: _____<br>_____)         | _____             | \$ _____             | ÷ | _____                          | = \$ _____        |
|                                    |                   |                      |   | <b>TOTAL FOR TWO YEARS AGO</b> | <b>= \$ _____</b> |

| <b>MAJOR REPLACEMENT / REPAIRS</b> |                   | <b>THREE YEARS AGO</b> |   |                                  |                   |
|------------------------------------|-------------------|------------------------|---|----------------------------------|-------------------|
|                                    | DATE<br>(MO / YR) | TOTAL COST             | ÷ | AVG. LIFE (YRS)                  | = ANNUAL AMT.     |
| HEATING / COOLING                  | _____             | \$ _____               | ÷ | _____                            | = \$ _____        |
| ROOFING                            | _____             | \$ _____               | ÷ | _____                            | = \$ _____        |
| FLOOR COVERINGS                    | _____             | \$ _____               | ÷ | _____                            | = \$ _____        |
| APPLIANCES / WATER HEATER          | _____             | \$ _____               | ÷ | _____                            | = \$ _____        |
| PAINTING (MULTI-UNIT)              | _____             | \$ _____               | ÷ | _____                            | = \$ _____        |
| OTHERS                             |                   |                        |   |                                  |                   |
| (DESCRIBE: _____<br>_____)         | _____             | \$ _____               | ÷ | _____                            | = \$ _____        |
|                                    |                   |                        |   | <b>TOTAL FOR THREE YEARS AGO</b> | <b>= \$ _____</b> |

**NOTE:** Any additional information or documents that support the filed income and expense data may be submitted with this form.

**OFFICE BUILDING / RETAIL STORES TENANT LIST**

| NAME OF TENANT | TOTAL SQ.<br>FEET | FROM<br>MO / YR | TO<br>MO / YR | 1ST<br>YEAR RENT | AVG. ANNUAL<br>INCREASE | CURRENT<br>RENT |
|----------------|-------------------|-----------------|---------------|------------------|-------------------------|-----------------|
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**NOTE:** Use additional copies of this form, if necessary.