

# SHOPPING CENTERS

**NAME OF CENTER:** \_\_\_\_\_

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

TYPE OF CENTER:      SUPER REGIONAL      REGIONAL      POWER      COMMUNITY      NEIGHBORHOOD

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

MAJOR TENANT SQ FT: \_\_\_\_\_ NON-MAJOR SQ FT: \_\_\_\_\_ PAD SQ FT: \_\_\_\_\_

TYPE OF LEASES (SQ FT): NET \_\_\_\_\_ GROSS \_\_\_\_\_ MODIFIED GROSS \_\_\_\_\_

**NOTE:** FOR PROPER ANALYSIS, COMPLETE TENANT INFORMATION MUST BE ENTERED ON THE ATTACHED FORM OR ON SEPARATE SHEETS.

**POTENTIAL CHARGES TO TENANTS**

**TENANT PAYS**

**DESCRIBE**

COMMON AREA MAINTENANCE	NONE	ALL	PARTIAL	_____
REAL ESTATE TAXES	NONE	ALL	PARTIAL	_____
INSURANCE	NONE	ALL	PARTIAL	_____
UTILITIES	NONE	ALL	PARTIAL	_____
MANAGEMENT	NONE	ALL	PARTIAL	_____

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

	Last Year	Two Years Ago	Three Years Ago
	Year: _____	Year: _____	Year: _____
POTENTIAL GROSS INCOME (100% OCCUPANCY)	= \$ _____	\$ _____	\$ _____
VACANCY AND COLLECTION LOSS	- _____	- _____	- _____
ADJUSTED GROSS INCOME	= _____	_____	_____
CHARGES TO TENANTS (EXPENSE RECOVERY)	+ _____	+ _____	+ _____
PERCENTAGE INCOME (ANNUAL)	+ _____	+ _____	+ _____
OTHER INCOME (SERVICES, LAND LEASES)	+ _____	+ _____	+ _____
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.

**SHOPPING CENTER EXPENSE DATA**  
**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	Two Years Ago	Three Years Ago
	Year: _____	Year: _____	Year: _____
<b><u>ACTUAL OPERATING EXPENSES</u></b>			
ANNUAL INSURANCE	\$ _____	\$ _____	\$ _____
MANAGEMENT / AGENT FEES	_____	_____	_____
LEASING AGENT FEES	_____	_____	_____
ADMINISTRATIVE / SALARIES	_____	_____	_____
ADVERTISING / PROMOTION	_____	_____	_____
UTILITIES PAID BY OWNER (NON-COMMON AREA)	_____	_____	_____
PERMITS / LICENSE / LEGAL FEES	_____	_____	_____
BLDG. MAINTENANCE AND REPAIRS	_____	_____	_____
NON-RECOVERABLE TENANTS COSTS	_____	_____	_____
SERVICE CONTRACTS	_____	_____	_____
SUPPLIES	_____	_____	_____
JANITORIAL	_____	_____	_____
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 (MO / YR)	TOTAL COST	÷	AVG. LIFE (YRS)	= ANNUAL AMT.
HEATING / COOLING	_____	\$ _____	÷	_____	= \$ _____
ROOFING	_____	\$ _____	÷	_____	= \$ _____
FLOOR COVERINGS	_____	\$ _____	÷	_____	= \$ _____
APPLIANCES / WATER HEATER	_____	\$ _____	÷	_____	= \$ _____
PAINTING (MULTI-UNIT)	_____	\$ _____	÷	_____	= \$ _____
OTHERS					
(DESCRIBE: _____ _____)	_____	\$ _____	÷	_____	= \$ _____
				<b>TOTAL FOR LAST YEAR</b>	= \$ _____

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

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

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

