HOTEL/MOTEL REAL PROPERTY

INCOME QUESTIONNAIRE FOR THE 36 MONTHS FROM 1/1/2014 TO 12/31/2016

# «PROPERTY\_NAME» «OWNER\_OF\_RECORD»

«ADDRESS\_OF\_PROPERTY» «TAX\_ACCOUNT\_s»

Total Number of Rentable Rooms: \_\_\_\_\_\_\_\_\_\_\_ **Number of Parking Spaces: \_\_\_\_\_\_\_\_\_\_\_**

**2014 2015 2016**

**Average Annual Rate/Room/Day $**

**Average Number of Rooms Occupied/Day $**

SEE ATTACHED FINANCIALS

**Percentage of Occupancy for Year $**

**ANNUAL INCOME:**

1. Room Rentals

2. Food $

3. Beverages $

4. Telephone Service $

5. Other Income (Attach List) $

6. Retail Tenant (Attach List) $

7. Totals (Lines 1-6) $

**EXPENSES:**

8. Rooms $

9. Food and Beverages $

10. Telephone Service $

11. Other Costs (Attach Itemized List) $

12. Total (Lines 8-11) $

13. Gross Operating Income (Line 7 minus Line 12) $

**UNALLOCATED EXPENSES:**

14. Administrative & General Expenses $

15. Marketing $

16. Energy $

17. Property Operations & Maintenance $

18. Fire Insurance & Extend. Coverage $

19. Management Fee $

20. Total (Lines 14-19)

$

21. NOI (Line 13 minus Line 20) $

22. Real Estate Taxes $

23. Mortgage Payment $

24. Building Depreciation $

25. Capital Expenditure (List) $

26. Furn., Fixtures & Equip. Total Value $

27. Return on Furn., Fixtures & Equip. $

28. Return of Furn., Fixtures & Equip. $

## MORTGAGES/SALES INFORMATION

1. Is there a current mortgage on this property? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

2. If “yes,” please provide the following data:

(A)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (B)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mortgagee Mortgage Amount Interest Rate

(D)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (E)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (F)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term of Mortgage Date 1st Payment Monthly Payment

3. Date Purchased \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consideration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I declare, under the penalties of perjury, that the contents of this form and the accompanying schedules and statements have been examined by me and are true, correct, and complete to the best of my knowledge, information, and belief.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title of Signer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Signer Telephone Number

#328907 «CLIENT\_NAME» «CLIENTMATTER\_» «ATTORNEY»