COMMERCIAL / INDUSTRIAL REAL PROPERTY

INCOME QUESTIONNAIRE FOR THE 36 MONTHS FROM 1/1/2018 TO 12/31/2020

# NAME AND LOCATION OF PROPERTY OWNER AND ADDRESS OF RECORD

**Tax Account Nos.**

Present % use of property (store, office, warehouse, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check services & utilities included in rent: Heat ( ) Gas ( ) Elec ( ) A/C ( ) Janitor ( ) Other (List)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Building Sq. Ft.\_\_\_\_\_\_\_\_\_\_\_ Net Bldg. Sq. Ft. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interior finish was provided by : Owner ( ) Tenant ( )

**ANNUAL INCOME:** **2018 2019 2020**

1. Retail Space – 100% Capacity
2. Office Rentals – 100% Capacity $
3. Other Rentals – 100% Capacity $

Due to the fact that the ownership has been reconstituted and the management has changed, the owner is unable to certify the accuracy of any prior years financials.

1. Overage (percentage rents) $
2. Miscellaneous $
3. Total Possible Income $
4. Loss due to Vacancy or Bad Debt $
5. TOTAL ACTUAL INCOME (line 6 less line 7) $

**EXPENSES:**

1. Payroll (except manager, repair) $
2. Supplies (janitor, bulbs, etc.) $
3. Electricity $
4. Water/Sewer $
5. Fuel (Type of fuel) $
6. Gas $
7. Management Fees/Wages $
8. Leasing Fees/Wages $
9. Common Area Maintenance (List) $
10. Maintenance and Repairs (List) $
11. Administrative Costs (List) $
12. Services (List) $
13. Miscellaneous Expenses (List) $
14. Fire Insurance and Extend. Coverage $
15. Reserves for Replacements (List) $
16. TOTAL EXPENSES (lines 9-23) & attachments) $
17. **NOI (Line 8 les line 24) $**
18. Real Estate Taxes $

27, Mortgage Payment $

1. Building Depreciation $
2. Capital Expenditure $

## MORTGAGES/SALES INFORMATION

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

1. 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

#169119 Client Matter No. Attorney