**APARTMENT INCOME AND EXPENSE QUESTIONNAIRE**

INCOME QUESTIONNAIRE FOR THE 36 MONTHS FROM 1/1/2019 TO 12/31/2021

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

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

**Check Services & Utilities in Rent: Heat ( ) Gas ( ) Electricity ( ) A/C ( ) Carpets ( )**

**Drapes ( ) Washer/Dryer ( ) Swimming Pool ( ) Party Room ( )**

**Tennis ( ) Parking ( ) Security ( )**

RENT SCHEDULES: **# UNITS BATH/UNIT 2019 2020 2021**

**MO. RATE MO. RATE MO. RATE**

Efficiency

1 Bedroom

2 Bedroom

2 Bedroom & Den

3 Bedroom

3 Bedroom & Den

Other (List)

**Parking # SPACES BATH/UNIT 2019 2020 2021**

**MO. RATE MO. RATE MO. RATE**

**ANNUAL INCOME:** **2019 2020 2021**

1. Total Gross Rents (100% Occupancy)

2. Owner, Janitor, Manager Apartments $

3. Other Income (laundry, pool, etc.) $

SEE ATTACHED FINANCIALS

4. Loss due to Vacancy or delinquent $

5. TOTAL ACTUAL INCOME (line 1 thru 4) $

**EXPENSES:**

6. Payroll (except manager, repair) $

7. Supplies (janitor, bulbs, etc.) $

8. Electricity $

9. Water/Sewer $

10. Fuel (Type of fuel-Gas & Oil) $

11. Management Fees/Wages $

12. Administrative Cost (List) $

13. Maintenance & Repairs (List) $

14. Miscellaneous Expenses (List) $

15. Fire Insurance and Extend. Coverage $

16. Reserves for Replacements (List) $

17. TOTAL EXPENSES (lines 9-23) & attachments) $

**18. NOI (Line 5 less line 17) $**

19. Real Estate Taxes $

20. Mortgage Payment $

21. Building Depreciation $

22. Capital Expenditure $

## 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

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