



# Income Expense Summary

Property Address: \_\_\_\_\_

| Annual Income  | Year Beforelast | Last Year | Year To Date 1/1 To |
|--|-----------------|-----------|---------------------|
| Actual Rents Collected                               |                 |           |                     |
| Laundry Income                                       |                 |           |                     |
| Garage Income  |                 |           |                     |
| Other Income   |                 |           |                     |
| <b>Total Income Collected</b>                        |                 |           |                     |
| <b>Fixed Annual Expenses</b>                         |                 |           |                     |
| Real Estate Taxes                                    |                 |           |                     |
| Other Taxes And Assessments                          |                 |           |                     |
| Insurance  |                 |           |                     |
| Licenses   |                 |           |                     |
| Other  |                 |           |                     |
| <b>Operational Expenses</b>                          |                 |           |                     |
| Fuel/gas   |                 |           |                     |
| Electricity  |                 |           |                     |
| Water & Sewer  |                 |           |                     |
| Trash Removal  |                 |           |                     |
| Cable Tv   |                 |           |                     |
| Pest Control   |                 |           |                     |
| Building Maintenance & Repairs                       |                 |           |                     |
| Interior & Exterior Decorating                       |                 |           |                     |
| Cleaning Expenses                                    |                 |           |                     |
| Supplies   |                 |           |                     |
| Pool Service   |                 |           |                     |
| Elevator Maintenance                                 |                 |           |                     |
| Parking Area Maintenance                             |                 |           |                     |
| Gardening  |                 |           |                     |
| Non-resident Management                              |                 |           |                     |
| On-site Management                                   |                 |           |                     |
| Advertising/telephone/bank Charges                   |                 |           |                     |
| Legal & Audit  |                 |           |                     |
| Other  |                 |           |                     |
| <b>Replacement Reserves (Non-recurring Expenses)</b> |                 |           |                     |
| Carpet/drapes/blinds                                 |                 |           |                     |
| Appliances/furniture                                 |                 |           |                     |
| Heating & Air Conditioning                           |                 |           |                     |
| Roof   |                 |           |                     |
| Other  |                 |           |                     |
| <b>Total Expenses &amp; Replacement Reserves</b>     |                 |           |                     |

Apartments Only — If Master Metered, Please Indicate.  Yes  No

I/we Fully Understand That It Is A Federal Crime Punishable By Fine Or Imprisonment, Or Both, To Knowingly Make Any False Statements Concerning Any Of The Above Facts As Applicable Under The Provisions Of Title 18, United States Code, Section 1014.

By: Borrower/seller \_\_\_\_\_ Date \_\_\_\_\_

By: Borrower/seller \_\_\_\_\_ Date \_\_\_\_\_