

**APARTMENT QUESTIONNAIRE**

INCOME QUESTIONNAIRE FOR THE 36 MONTHS FROM: **2015 TO 2017**

**NAME AND LOCATION OF PROPERTY**

**OWNER AND ADDRESS OF RECORD**

CHECK SERVICES & UTILITIES IN RENT : ( ) HEAT ( ) A/C ( ) GAS ( ) ELECTRICITY ( ) CARPETS  
 ( ) DRAPES ( ) WASHER/DRYER ( ) SWIMMING POOL ( ) PARTY ROOM  
 ( ) TENNIS ( ) PARKING ( ) SWITCHBOARD ( ) SECURITY

**RENT SCHEDULES:**

	<u># UNITS</u>	<u>BATH/UNIT</u>	<u>2017 RENT/MO.</u>	<u>2016 RENT/MO.</u>	<u>2015 RENT/MO.</u>
EFFICIENCY	_____	_____	_____	_____	_____
1 BEDROOM	_____	_____	_____	_____	_____
2 BEDROOM	_____	_____	_____	_____	_____
2 BEDROOM & DEN	_____	_____	_____	_____	_____
3 BEDROOM	_____	_____	_____	_____	_____
3 BEDROOM & DEN	_____	_____	_____	_____	_____
OTHER (LIST)	_____	_____	_____	_____	_____
PARKING # SPACES	_____	_____	_____	_____	_____

**RETAIL/COMMERCIAL:**

	<u># UNITS</u>	<u>AREA</u>	<u>RENT/SF</u>	<u>RENT/SF</u>	<u>RENT/SF</u>
SHOPS/STORES	_____	_____	_____	_____	_____
OFFICES	_____	_____	_____	_____	_____
OTHER (LIST)	_____	_____	_____	_____	_____

**ANNUAL INCOME:**

	<u>2017</u>	<u>2016</u>	<u>2015</u>
1. TOTAL GROSS RENTS (100% OCCUPANCY)	\$ _____	\$ _____	\$ _____
2. OWNER, JANITOR, MANAGER APARTMENTS	\$ _____	\$ _____	\$ _____
3. OTHER INCOME (LAUNDRY, POOL, ETC.)	\$ _____	\$ _____	\$ _____
4. LOSS DUE TO VACANCY OR DELINQUENT	\$ _____	\$ _____	\$ _____
5. TOTAL ACTUAL INCOME (TOTAL LINES 1-4)	\$ _____	\$ _____	\$ _____

**EXPENSES:**

6. PAYROLL (EXCEPT MANAGER, REPAIR)	\$ _____	\$ _____	\$ _____
7. SUPPLIES (JANITOR, BULBS, ETC.)	\$ _____	\$ _____	\$ _____
8. ELECTRICITY	\$ _____	\$ _____	\$ _____
9. WATER/SEWAGE	\$ _____	\$ _____	\$ _____
10. FUEL (TYPE OF FUEL : _____)	\$ _____	\$ _____	\$ _____
11. MANAGEMENT FEES/WAGES	\$ _____	\$ _____	\$ _____
12. ADMINISTRATIVE COSTS (LIST)	\$ _____	\$ _____	\$ _____
13. MAINTENANCE & REPAIRS (LIST)	\$ _____	\$ _____	\$ _____
14. MISCELLANEOUS EXPENSES (LIST)	\$ _____	\$ _____	\$ _____
15. FIRE INSURANCE & EXTEND. COVERAGE	\$ _____	\$ _____	\$ _____
16. RESERVES FOR REPLACEMENTS (LIST)	\$ _____	\$ _____	\$ _____
17. TOTAL EXPENSES (TOTAL LINES 6-16)	\$ _____	\$ _____	\$ _____
18. NOI (LINE 5 LESS LINE 17)	\$ _____	\$ _____	\$ _____
19. REAL ESTATE TAXES	\$ _____	\$ _____	\$ _____
20. MORTGAGE PAYMENT	\$ _____	\$ _____	\$ _____
21. BUILDING DEPRECIATION	\$ _____	\$ _____	\$ _____
22. CAPITAL EXPENDITURE	\$ _____	\$ _____	\$ _____

**MORTGAGE/SALES INFORMATION:**

1. IS THERE A CURRENT MORTGAGE ON THIS PROPERTY? ( ) YES ( ) NO

2. IF YES, PLEASE PROVIDE THE FOLLOWING DATA:

NAME OF MORTGAGEE _____	MORTGAGE AMOUNT _____
INTEREST RATE _____	MONTHLY PAYMENT _____
TERM OF MORTGAGE _____	DATE 1 <sup>ST</sup> PAYMENT _____

3. PLEASE PROVIDE: DATE PURCHASED \_\_\_\_\_ CONSIDERATION \_\_\_\_\_

I DECLARE, UNDER THE PENALTIES OF PERJURY, THAT THE CONTENTS OF THIS FORM AND ALL 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.

Owners' Signature \_\_\_\_\_ Title of Signer \_\_\_\_\_ Date \_\_\_\_\_

Print/Type Name of Signer \_\_\_\_\_ Phone Number \_\_\_\_\_

RP-6 (Rev.12/03 rs)