HOTEL/MOTEL INCOME QUESTIONNAIRE
FOR THE 36 MONTHS FROM: 2018 TO 2020

NAME AND LOCATION OF PROPERTY

OWNER AND ADDRESS OF RECORD

TOTAL NUMBER OF RENTABLE ROOMS ________________ NUMBER OF PARKING SPACES ________________

AVERAGE RATE/ROOM/DAY $ ___________ $ ___________ $ ___________ 2018 2019 2020
AVERAGE NUMBER OF ROOMS OCCUPIES/DAY $ ___________ $ ___________ $ ___________
PERCENTAGE OF OCCUPANCY FOR THE YEAR $ ___________ $ ___________ $ ___________
REVPAR (REVENUE PER AVAILABLE ROOM) $ ___________ $ ___________ $ ___________
TOTAL # OF BEDS ________________ ANNUAL OCCUPANCY RATE ________________

PLEASE ATTACH A CURRENT BALANCE SHEET FOR PERSONAL PROPERTY AND DEFINED INTANGIBLE ASSETS WITH ASSIGNED VALUES.

ACTUAL INCOME & EXPENSES ARE REQUIRED. AN ITEMIZED COMPUTER PRINTOUT MAY BE ATTACHED IN LIEU OF FILLING OUT THIS SECTION.

REVENUE FROM OPERATIONS:
1. ROOM RENTALS $ ___________ $ ___________ $ ___________
2. FOOD & BEVERAGE $ ___________ $ ___________ $ ___________
3. OTHER INCOME (LIST) $ ___________ $ ___________ $ ___________
4. RETAIL TENANTS (LIST) $ ___________ $ ___________ $ ___________

DEPARTMENTAL EXPENSES: (COST OF GOODS SOLD, DEPARTMENTAL WAGES, ETC.)
5. ROOMS $ ___________ $ ___________ $ ___________
6. FOOD & BEVERAGE $ ___________ $ ___________ $ ___________
7. OTHER COSTS (LIST) $ ___________ $ ___________ $ ___________

UNALLOCATED EXPENSES:
8. ADMINISTRATIVE COSTS (LIST) $ ___________ $ ___________ $ ___________
9. MARKETING $ ___________ $ ___________ $ ___________
10. ELECTRICITY & UTILITIES $ ___________ $ ___________ $ ___________
11. MAINTENANCE & REPAIRS (LIST) $ ___________ $ ___________ $ ___________
12. INSURANCE $ ___________ $ ___________ $ ___________
13. MANAGEMENT FEE $ ___________ $ ___________ $ ___________
14. FRANCHISE FEE $ ___________ $ ___________ $ ___________

OTHER EXPENSES:
15. REAL ESTATE TAXES $ ___________ $ ___________ $ ___________
16. BUILDING DEPRECIATION $ ___________ $ ___________ $ ___________
17. MORTGAGE INTEREST PAYMENT $ ___________ $ ___________ $ ___________
18. RESERVES FOR REPLACEMENTS (LIST) $ ___________ $ ___________ $ ___________
19. CAPITAL EXPENDITURES (LIST) $ ___________ $ ___________ $ ___________
20. FURNITURE, FIXTURES & EQUIPMENT TOTAL VALUES $ ___________ $ ___________ $ ___________
21. OTHER INTANGIBLE VALUES ASSIGNED $ ___________ $ ___________ $ ___________

MORTGAGE/SALES INFORMATION:
1. IS THERE A CURRENT MORTGAGE ON THE PROPERTY? Yes ( ) No ( ) IF YES, PLEASE PROVIDE THE FOLLOWING DATA:
   NAME OF MORTGAGEE ________________ MORTGAGE AMOUNT ________________ INTEREST RATE ________________ TERM OF MORTGAGE ________________

   2. PLEASE PROVIDE: DATE PURCHASED ________________ CONSIDERATION ________________

   3. IS THERE A LEASE OR MANAGEMENT AGREEMENT? ( ) YES ( ) NO
      IF SO, SUMMARIZE THE TERM AND CONDITIONS OF THE AGREEMENT TYPE: ( ) MANAGEMENT ( ) LEASE ( ) SALE-LEASEBACK
      LESSEE OR MANAGEMENT COMPANY: ________________ DATE ________________ TERM ________________ FEE ________________

   4. PLEASE SUMMARIZE THE TERMS AND CONDITIONS OF THE FRANCHISE AGREEMENT:
      FRANCHISE CO. ________________ DATE ________________ TERM ________________ FEE ________________

   5. PERSONAL PROPERTY ACCOUNT NUMBER ________________ ENTITY NAME ________________

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.

Owner’s Signature ________________ Title of Signer ________________ Date ________________
Print/Type Name of Signer ________________ Phone Number ________________ Email ________________

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