

IRS TAX RETURNS OR MGMT STATEMENTS MUST BE PROVIDED TO SUPPORT THIS INC/EXP REPORT

OWNER NAME:		DATE OF THIS REPORT:	
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BUSINESS NAME: _____ **TOTAL ASSESSMENT \$:** _____

ATTENTION: _____ **PHONE NUMBER:** _____

PARCEL ID: _____ **PROPERTY ADDRESS:** _____

NUMBER OF BLDGS: _____ **TOTAL SQ. FT.** _____ **TOTAL # OF UNITS:** _____

INCOME:	YEAR 1	YEAR 2	YEAR 3
POTENTIAL GROSS INCOME: (PGI)			
VACANCY & COLLECTION LOSS: (.)			
MISCELLANEOUS INCOME:			
EFFECTIVE GROSS INCOME: (EGI)			
OPERATING EXPENSES:	YEAR 1	YEAR 2	YEAR 3
ADVERTISING & PROMOTIONS:			
CLEANING:			
INSURANCE:			
MAINTENANCE & REPAIRS:			
MANAGEMENT FEES:			
PROFESSIONAL FEES:			
SALARIES & COMMISSIONS:			
SECURITY:			
SUPPLIES:			
TRANSPORTATION:			
UTILITIES:			
YARD CARE:			
MISCELLANEOUS (EXPLAIN)			
TOTAL OPERATING EXPENSES >			
DO NOT INCLUDE DEBT SERVICE, DEPRECIATION, CAPITAL IMPROVEMENTS			
	YEAR 1	YEAR 2	YEAR 3
NET OPERATING INCOME:			

3 YEAR AVERAGE NET OPERATING INCOME	
CAPITALIZATION RATE	
AVERAGE NOI / CAP. RATE = VALUE:	

OWNERS DECLARATION OF FAIR MARKET VALUES \$ _____