

**Income / Expense Verification**  
**Hotel / Motel**

**Property Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Type of lodging:** \_\_\_ Full Service    \_\_\_ Limited Service    \_\_\_ Budget    \_\_\_ Extended Stay  
                         \_\_\_ Microtel    \_\_\_ Bed & Breakfast    \_\_\_ All Suites    \_\_\_ Conference Center

**INCOME (Annual)**

Rental Income From Rooms: \_\_\_\_\_  
Food & Beverage: \_\_\_\_\_  
Telephone Sales: \_\_\_\_\_  
Valet: \_\_\_\_\_  
Health Club: \_\_\_\_\_  
Meeting / Banquet Rooms: \_\_\_\_\_  
Miscellaneous Income: \_\_\_\_\_

**DEPARTMENTAL EXPENSES (Annual)**

Rooms: \_\_\_\_\_  
Food & Beverage: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Valet: \_\_\_\_\_  
Health Club: \_\_\_\_\_  
Meeting / Banquet Rooms: \_\_\_\_\_  
Miscellaneous Expenses: \_\_\_\_\_

**OPERATING EXPENSES (Annual)**

**Management Fee:** \_\_\_\_\_  
**Advertising:** \_\_\_\_\_  
**Insurance (Bldg):** \_\_\_\_\_  
**Salaries**  
    Manager: \_\_\_\_\_  
    Asst. Manager: \_\_\_\_\_  
    Maintenance: \_\_\_\_\_  
    Other \_\_\_\_\_: \_\_\_\_\_  
**Administration**  
    Legal: \_\_\_\_\_  
    Accounting: \_\_\_\_\_  
    Lease Fees/Comm.: \_\_\_\_\_  
    Other \_\_\_\_\_: \_\_\_\_\_  
**Franchise Fee:** \_\_\_\_\_  
**Services**  
    Janitorial: \_\_\_\_\_  
    Security: \_\_\_\_\_  
    Exterminator: \_\_\_\_\_  
    Trash Removal: \_\_\_\_\_  
    Lawn Care: \_\_\_\_\_  
    Other \_\_\_\_\_: \_\_\_\_\_  
**Real Property Taxes:** \_\_\_\_\_  
**Other Taxes:** \_\_\_\_\_

**Utilities**  
    Telephone: \_\_\_\_\_  
    Electricity: \_\_\_\_\_  
    Gas: \_\_\_\_\_  
    Water/Sewer: \_\_\_\_\_  
**Minor Repairs & Maintenance:**  
    Building: \_\_\_\_\_  
    HVAC: \_\_\_\_\_  
    Plmb / Elec: \_\_\_\_\_  
    Supplies: \_\_\_\_\_  
    Roof: \_\_\_\_\_  
    Parking: \_\_\_\_\_  
    Other \_\_\_\_\_: \_\_\_\_\_  
**Major Repairs**  
    Building: \_\_\_\_\_  
    Roof: \_\_\_\_\_  
    Parking: \_\_\_\_\_  
    Tenant Imps: \_\_\_\_\_  
    Paint / Deco: \_\_\_\_\_  
    Other \_\_\_\_\_: \_\_\_\_\_  
**Reserves for Replacement:** \_\_\_\_\_  
**Debt Service:** \_\_\_\_\_

**Time Frame of Data, From:** \_\_\_\_\_ / \_\_\_\_\_ **to:** \_\_\_\_\_ / \_\_\_\_\_ **(12 month period)**  
Month Year Month Year

**Facilities Data**

1. Room Types and number.

	# of Rooms	Average Size	Annual Vacancy %
Singles	_____	_____	_____
Doubles	_____	_____	_____
Suites	_____	_____	_____
Handicap	_____	_____	_____
TOTAL	_____		

2. Restaurant facilities: \_\_\_ Yes \_\_\_ No  
(If yes) \_\_\_ Full Service \_\_\_ Self Service  
(If yes) Space devoted to food preparation and serving: \_\_\_\_\_ square feet.  
Seating capacity: \_\_\_\_\_

3. Conference areas: # of Rooms \_\_\_\_\_ Total square foot area: \_\_\_\_\_

**Amenities and Other Features** (check all that apply or enter # of items)

- |                       |                  |                     |                     |
|-----------------------|------------------|---------------------|---------------------|
| ___ Water Front       | ___ Hot Tub      | ___ Pets Allowed    | ___ Game Room       |
| ___ Athletic Facility | ___ Sauna        | ___ Business Center | ___ Cable TV        |
| ___ Non-Smoking Units | ___ Bar          | ___ Fire Place      | ___ Indoor Pool     |
| ___ Outdoor Pool      | ___ Ballroom     | ___ Banquet Room    | ___ Golf Course     |
| ___ Laundry Service   | ___ Room Service | ___ Tennis Court    | ___ Internet Access |

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_ (print) Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_