

Income / Expense Verification
Office or Retail
Please confirm Property Name & Address

Is any portion of the building owner-occupied? _____ If yes, how many square feet? _____

Property Name: _____

Address: _____

Gross Building Rentable Area (excluding basement): _____

Year (or time frame) of data: _____ Annual Vacancy Rate _____ %

INCOME

Rental Income: _____ Total Sq. Ft. Leased: _____

Collection Loss: _____

Other Income: _____ (From) _____

Other Income: _____ (From) _____

Miscellaneous Income: _____

EXPENSES

Management Fee: _____

Advertising: _____

Insurance: _____

Salaries

Manager: _____

Asst. Manager: _____

Maintenance: _____

Other _____:

Administration

Legal: _____

Accounting: _____

Lease Fees/Comm.: _____

Other _____:

Services

Janitorial: _____

Security: _____

Exterminator: _____

Trash Removal: _____

Lawn Care: _____

Other _____:

Real Property Taxes: _____

Mortgage Int / Pymt: _____

Utilities

Telephone: _____

Electricity: _____

Gas: _____

Water/Sewer: _____

Minor Repairs & Maintenance:

Building: _____

HVAC: _____

Plmb / Elec: _____

Supplies: _____

Roof: _____

Parking: _____

Paint / Deco: _____

Other _____:

Major Repairs

Building: _____

Roof: _____

Parking: _____

Tenant Imps: _____

Other _____:

Reserves for Replacement: _____

Depreciation: _____

What are the current asking lease rates and terms/concessions/etc.? _____

Comments: _____

Completed by: _____ Date: _____ Phone: _____

