

OPERATING STATEMENT FOR YEAR _____
CRE PROPERTY TYPE: LODGING FACILITY PID #: _____

PROPERTY CONFIGURATION:

TOTAL # OF ROOMS: _____ Average Daily Room Rate for This Year: _____

INCOME:

GROSS RENTAL REVENUE @ 100% OCCUPANCY	\$ _____
ACTUAL RENTAL REVENUE	\$ _____
OTHER INCOME SOURCES (LAUNDRY, VENDING, ETC.)	\$ _____
TOTAL ACTUAL REVENUE	\$ _____

EXPENSES:

MANAGEMENT	\$ _____
FRANCHISE FEES (including reservation system)	\$ _____
INSURANCE (property insurance only)	\$ _____
ADMINISTRATIVE	\$ _____
REPAIRS AND MAINTENANCE	\$ _____
CONTRACT SERVICES	\$ _____
UTILITIES	\$ _____
OTHER	\$ _____
<i>*Excluding debt service, interest, depreciation, and property taxes*</i>	\$ _____
ALLOWANCES FOR REPLACEMENTS, if any.	\$ _____
TOTAL EXPENSES	\$ _____

Additional Comments/Information _____

If further clarification is needed, may we contact you? Yes No Method of Contact: Email Phone

Date: _____ Contact Information: _____

Printed Name: _____ Signature: _____

I respectfully decline to participate at this time.

OPERATING STATEMENT FOR YEAR _____
 CRE PROPERTY TYPE: SELF-STORAGE FACILITY - PID# _____

PROPERTY CONFIGURATION:

TOTAL # OF STORAGE UNITS - *NON-CLIMATE CONTROLLED (NCC)*: _____

TOTAL # OF STORAGE UNITS - *CLIMATE CONTROLLED (CC)*, if any: _____

LEASE RATE INFORMATION - NCC / CC (at time of survey):

5x5	\$ _____ / _____ per month	5x10	\$ _____ / _____ per month	10x10	\$ _____ / _____ per month
10x15	\$ _____ / _____ per month	10x20	\$ _____ / _____ per month	10x30	\$ _____ / _____ per month
Other Unit Size (please specify size, type, and rate): _____ x _____			NCC / CC	\$ _____ per month	

RENTAL RATE TRENDS: *INCREASING / DECREASING / STABLE*

INCOME

GROSS RENTAL REVENUE @ 100% OCCUPANCY	\$ _____
ACTUAL RENTAL REVENUE	\$ _____
OTHER INCOME SOURCES	\$ _____
TOTAL ACTUAL REVENUE	\$ _____

EXPENSES

MANAGEMENT	\$ _____
INSURANCE (PROPERTY INSURANCE ONLY)	\$ _____
REPAIRS AND MAINTENANCE	\$ _____
CONTRACT SERVICES	\$ _____
UTILITIES	\$ _____
OTHER *excluding debt service, interest, depreciation, and property taxes*	\$ _____
ALLOWANCES FOR REPLACEMENTS (if any)	\$ _____
TOTAL EXPENSES	\$ _____

Additional Comments/Information _____

If further clarification is needed, may we contact you? Yes No Method of Contact: Email Phone

Date: _____ Contact Information: _____

Printed Name: _____ Signature: _____

I respectfully decline to participate at this time.

OPERATING STATEMENT FOR YEAR _____
CRE PROPERTY TYPE: RETAIL CENTER PID#: _____

PROPERTY CONFIGURATION:

TOTAL # OF LEASABLE UNITS: _____ TOTAL # OF VACANT UNITS, IF ANY: _____

LEASE INFORMATION:

TYPICAL LEASE DURATION: _____ YEAR(S) TYPICAL LEASE RATE TERMS: GROSS NNN
 RENTAL RATE TRENDS: INCREASING DECREASING STABLE

RECENT LEASES (disregard if rent roll provided):

PLEASE INDICATE LEASE(S) THAT BEGAN DURING THIS CALENDAR YEAR, IF ANY.

SIZE OF SUITE: _____ LENGTH: _____ RENTAL RATE: _____ Base or NNN

SIZE OF SUITE: _____ LENGTH: _____ RENTAL RATE: _____ Base or NNN

INCOME:

GROSS RENTAL REVENUE @ 100% OCCUPANCY \$ _____

ACTUAL RENTAL REVENUE \$ _____

OTHER INCOME SOURCES (taxes, insurance, CAM, etc.) \$ _____

TOTAL ACTUAL REVENUE \$ _____

EXPENSES:

MANAGEMENT \$ _____

INSURANCE (PROPERTY INSURANCE ONLY) \$ _____

ADMINISTRATIVE \$ _____

REPAIRS AND MAINTENANCE \$ _____

CONTRACT SERVICES \$ _____

UTILITIES \$ _____

OTHER *Excluding debt service, interest, depreciation, and property taxes* \$ _____

ALLOWANCES FOR REPLACEMENTS \$ _____

TOTAL EXPENSES \$ _____

Additional Comments/Information _____

If further clarification is needed, may we contact you?

Yes No Method of Contact: Email Phone

Date: _____

Contact Information: _____

Printed Name: _____

Signature: _____



I respectfully decline to participate at this time.