

# Property Performance Survey

CRE Property : Professional Office PID: \_\_\_\_\_ Situs: \_\_\_\_\_

## Property Configuration:

Total # of Leasable Units: \_\_\_\_\_ Total # 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 the 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 services, interest, depreciation, and property taxes\*

Allowance 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: \_\_\_\_\_ *I respectfully decline to participate at this time.*

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

# Property Performance Survey

CRE Property: Industrial PID: \_\_\_\_\_ Situs: \_\_\_\_\_

## Operating Statement

### Occupancy:

Owner: \_\_\_\_\_ Tenant(s): \_\_\_\_\_

### Property Configuration:

Total # of Leasable Unites \_\_\_\_\_ # Vacant Units \_\_\_\_\_

**Lease Information:**  Check Box if property is owner occupied and skip to expenses section below

Typical Lease Duration: \_\_\_ Year(s) Typical Lease Rate Terns: Gross NNN

Rental Rate Trends: Increasing Decreasing Stable

### 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 services, interest, depreciation, and property taxes\**

Allowance 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: \_\_\_\_\_  I respectfully decline to participate at this time.

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



# Property Performance Survey

CRE Property: Retail Center PID: \_\_\_\_\_ Situs: \_\_\_\_\_

## Operating Statement

### Property Configuration:

Total # of Leasable Units: \_\_\_\_\_ Total # 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 the 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 services, interest, depreciation, and property taxes\*

Allowance 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: \_\_\_\_\_ *I respectfully decline to participate at this time.*

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

# Property Performance Survey

CRE Property : Medical office PID: \_\_\_\_\_ Situs: \_\_\_\_\_  
Operating Statement

Total # of Leasable Units: \_\_\_\_\_ Total # 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 the 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 services, interest, depreciation, and property taxes\*

Allowance 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: \_\_\_\_\_ *I respectfully decline to participate at this time.*

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

# Property Performance Survey

CRE Property : Lodging Facility PID: \_\_\_\_\_ Situs: \_\_\_\_\_

## Operating Statement

### Property Configuration:

Total # of Rooms: \_\_\_\_\_ Average Daily Room Rate : \_\_\_\_\_

### 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 \$ \_\_\_\_\_

Contract Services \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

*\*Excluding debt services, interest, depreciation, and property taxes\**

Allowance 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: \_\_\_\_\_ *I respectfully decline to participate at this time.*

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

# Property Performance Survey

CRE Property : Multi-Family \_\_\_\_\_ PID: \_\_\_\_\_ Situs: \_\_\_\_\_

## Operating Statement

### Property Configuration:

Total # of Rooms: \_\_\_\_\_ Average Daily Room Rate : \_\_\_\_\_

### 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 \$ \_\_\_\_\_

Contract Services \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

*\*Excluding debt services, interest, depreciation, and property taxes\**

Allowance 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: \_\_\_\_\_ *I respectfully decline to participate at this time.*

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

