

ACCOUNT NUMBER _____

revised: 2/14/2018

PROPERTY ADDRESS _____

MAILING ADDRESS _____

2017 INCOME AND EXPENSE QUESTIONNAIRE
CONFIDENTIAL

Owner Occupied? (circle one) Yes No If YES, what square footage is occupied by the owner? _____

(If the building is 100% owner occupied you do not need to complete the rest of this form. Please sign the bottom, provide your phone number, and mail it back to our office.)

Total Building Square Footage _____

2017 COLLECTED INCOME

Use Type** (See Examples Below)	Rented Sq Ft	Annual Rent Collected	Reimbursed Expense Income (Pass-Through)	Non-Reimbursed Expenses (Paid By Owner)	Lease Type* (See Below)	Annual Vacancy %
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		

* LEASE TYPE: NNN=Tenant pays all expenses, NN=Owner and tenant share expenses, G=Owner pays all expenses.

**EXAMPLES OF USE TYPES: Auto Dealer, Auto Repair, Bank, Car Wash, Convenience Store, Daycare, Department Store, Engineering/Research (R&D), Fast Food, Manufacturing, Medical, Mini-Warehouse, Office, Condo (Office, Industrial, Retail), Parking, Recreational, Restaurant, Retail/Merchandising, School, Service Station, Warehouse, etc.

PRIOR 2 YEAR (2015-2016) AVERAGE OVERALL VACANCY %: _____

ANNUAL OPERATING EXPENSES FOR THE ENTIRE PROPERTY – PLEASE ENTER KNOWN DOLLAR AMOUNTS
(NO CHECK MARKS PLEASE)

Expense Items:	Amount Owner Pays:	Amount Tenant Pays:
Condominium Dues	\$	\$
Cleaning/Maintenance	\$	\$
Utilities	\$	\$
Grounds/Security	\$	\$
Insurance	\$	\$
Management/Salaries	\$	\$
Leasing Commission***	\$	\$
Advertising***	\$	\$
Repairs	\$	\$
Capital Improvements***	\$	\$
Property Taxes	\$	\$
Tenant Improvements***	\$	\$
Reserves for Replacement	\$	\$
Other	\$	\$

***CAPITAL EXPENSES: Items added to a property that have a life expectancy of more than one year. These expenses also include all associated costs necessary to complete the improvements.

COMPANY NAME

DOING BUSINESS AS

SIGNATURE OF OWNER OR AGENT

PRINT NAME

PHONE NUMBER

2/15/2018