

COMMERCIAL PROPERTY INCOME SCHEDULE

OWNER

PROPERTY ADDRESS

PARCEL NO.

PART 1 RENT ROLL

(1) OCCUPANCY <small>(OWNER, TENANT NAME, APARTMENT #, ETC.)</small>	(2) LOCATION IN BUILDING (FLOOR)	(3) APPROXIMATE SIZE OF LEASED AREA OR # OF APARTMENT UNITS AND TYPE	(4) MONTHLY RENT PER APARTMENT UNIT OR COMMERCIAL TENANT	(5) IF VACANT HOW LONG?	(6) EXPECTED MONTHLY RENT IF CURRENTLY VACANT	(7) DOES RENT INCLUDE?					LEASE TERMS <i>(For leases longer than one year)</i>				
						H	E	W	J	T	INCEPTION DATE	TERM (# OF YEARS)	RENEWAL OPTION	ESCALATOR CLAUSE	ARE TAXES, INSURANCE, OR MAIN- TENANCE PAID BY THE TENANT? <i>(If yes, please provide details in the comments area).</i>

COMMENTS

Form Completed By: _____ Telephone No.: _____



Please complete PART 2, Expenses, on the back of this page. Thank you !

Return to: CITY ASSESSOR, P O BOX 5148, EAU CLAIRE, WI 54702

PART 2

STATEMENT OF INCOME AND EXPENSES

Year Ending _____

INCOME

Gross Scheduled Annual Income

Actual Annual Gross Income _____

Annual Percentage Income _____

Income from Tenant Expense Reimbursements _____

Tenant Tax Reimbursements _____

Other Income (Please Itemize - include cell tower and / or billboard land lease income) _____

Total Gross Annual Income _____



EXPENSES

Management

Fees or Commissions _____

Utilities

Water and Sewer _____

Electricity _____

Heating _____

Insurance _____

Advertising _____

Legal and Accounting _____

Cleaning _____

Supplies _____

Trash Removal _____

Lawn Care and Snow Removal _____

Painting and Decorating _____

Repairs and Maintenance ___ *last year* ___ *3 yr average* _____

Replacements (Please itemize in comments area) _____

Property Tax _____

Depreciation _____

Interest _____

Miscellaneous Expenses (Please Itemize) _____

Total Expenses _____



NET INCOME _____