

Property Location:	Apartment Use Property	Calendar Year: 2017
Parcel ID:	Rental Income Statement	Check here if owner occupied <input type="checkbox"/>

OWNER

Occupancy Information:								
Floor Level	# Bedrooms/ #Baths	Heat (Y/N)	Electricity (Y/N)	Monthly Rent	Annual Rent	Lease Or TAW	Furnished or Unfurnished	Parking
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

Property Summary	# of Units	Avg. Monthly Rent	Owner Occupied?	Parking Information	Total # of Spaces	Single Space Monthly
Studio		\$		Indoor		\$
One		\$		Outdoor		\$
Two		\$		Total:		
Three		\$		Comments:		
Four		\$				
Total # of Units:						
Total # Vacant Jan1						

Calendar Year Income Summary

Total Potential Gross Income	Total Rent Concessions	Total Vacancies	Total Collection Loss	Total Parking Income	Total Other Income	Total Rent Collected
\$	(\$)	(\$)	(\$)	\$	\$	\$

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: _____ Title: _____ Phone: _____

Signature: _____ Date: _____