



## Income Property Lending Apartment Operating History

**Instructions**

1. Provide a complete itemized operating history for the previous two full years ending 12/31 and the current year to date.
  - a. If the property is new or newly renovated and no historical information is available, provide a complete year-to-date operating history from time of construction/renovation and a 12-month pro forma.
2. You may attach or provide your own form of itemized operating history or provide the Schedule E from your Federal Income Tax Return for each requested year. The operating history must include all of the information requested on this form.
3. Sign, date, and print your name and title in the area below or on the provided operating history or Schedule E.
  - a. For purchase transactions, a seller-provided operating history is required.

**Property Address:** \_\_\_\_\_

	12/31 Year End	12/31 Year End	Month YTD
<b><u>Annual Income</u></b>			
Rent Collected	_____	_____	_____
Laundry Income	_____	_____	_____
Parking Income	_____	_____	_____
Storage Income	_____	_____	_____
Other (please describe):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Income Collected</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b><u>Annual Expenses</u></b>			
<b>Taxes</b>	_____	_____	_____
<b>Insurance</b>	_____	_____	_____
<b>Utilities</b>	_____	_____	_____
(including garbage and cable TV)	_____	_____	_____
<b>Management</b>	_____	_____	_____
Resident Manager	_____	_____	_____
Offsite Manager	_____	_____	_____
Advertising/Telephone	_____	_____	_____
<b>Licenses</b>	_____	_____	_____
	\$ 0.00	\$ 0.00	\$ 0.00
<b>Building Maintenance and Repair</b>	_____	_____	_____
Pest Control, Painting, and Decorating	_____	_____	_____
Cleaning/Supplies	_____	_____	_____
Gardener	_____	_____	_____
Pool Service/Elevator Maintenance	_____	_____	_____
Other (please describe):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Annual Expenses</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
(if metered, please indicate)			
<b>Net Operating Income</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
(total income minus total expenses)			
<b><u>Capital Expenditures</u></b> (non-recurring expenses)			
(please describe below or on attachment)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Capital Expenditures</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Total Expenses</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
(total annual expenses and total capital expenditures)			

See attached operating history dated \_\_\_\_\_

I have personally prepared or reviewed the information herein or on the attached and certify that it is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name and Title