



# Commercial Term Lending Operating History - Apartment

## Instructions

Complete this form or provide:

- your own dated operating history, or
- the Schedule E from your federal income tax returns.

We require:

- the past 2 full years, and
- the current year to date on or after July 1, and
- a seller-provided operating history for purchase transactions.

If historical information is not available for new or newly renovated properties, please provide:

- a 12 month pro forma statement, and
- a complete year-to-date operating history from the time of lease up.

Property address \_\_\_\_\_

Date \_\_\_\_\_

## Operating history

### Income

	Year end _____	Year end _____	Month YTD _____
Actual collection	\$ _____	\$ _____	\$ _____
Reimbursed tenant expenses	\$ _____	\$ _____	\$ _____
Laundry	\$ _____	\$ _____	\$ _____
Parking	\$ _____	\$ _____	\$ _____
Storage	\$ _____	\$ _____	\$ _____
Other (list):	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Total income collected</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

### Expenses

	Year end _____	Year end _____	Month YTD _____
Real estate taxes	\$ _____	\$ _____	\$ _____
Other taxes and assessments	\$ _____	\$ _____	\$ _____
Property insurance (including flood and/or earthquake, if applicable)	\$ _____	\$ _____	\$ _____
Utilities			
Master metered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water/sewer	\$ _____	\$ _____	\$ _____
Trash	\$ _____	\$ _____	\$ _____
Fuel/gas	\$ _____	\$ _____	\$ _____
Electric	\$ _____	\$ _____	\$ _____
Cable	\$ _____	\$ _____	\$ _____

Telephone	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>Management</b>			
Resident manager	\$ _____	\$ _____	\$ _____
Offsite manager	\$ _____	\$ _____	\$ _____
Legal/professional fees	\$ _____	\$ _____	\$ _____
Payroll	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____
Licenses	\$ _____	\$ _____	\$ _____
Building repair (excluding capital expenditure)	\$ _____	\$ _____	\$ _____
<b>Building maintenance</b>			
Snow removal	\$ _____	\$ _____	\$ _____
Pest control	\$ _____	\$ _____	\$ _____
Painting and decorating	\$ _____	\$ _____	\$ _____
Cleaning and supplies	\$ _____	\$ _____	\$ _____
Gardening	\$ _____	\$ _____	\$ _____
Pool service	\$ _____	\$ _____	\$ _____
Elevator maintenance	\$ _____	\$ _____	\$ _____
Boiler maintenance	\$ _____	\$ _____	\$ _____
Other (list):			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Total operating expenses</b>	\$ _____	\$ _____	\$ _____
<b>Net operating income (NOI)</b>	\$ _____	\$ _____	\$ _____

Total income minus total expenses

### Capital expenditure

List any non-routine maintenance expenses (such as new roof, complete paint job)

	Year end _____	Year end _____	Month YTD _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Total capital expenditure</b>	\$ _____	\$ _____	\$ _____
<b>Total expenses</b>	\$ _____	\$ _____	\$ _____

Total operating expenses plus total capital expenditures