



# Commercial Term Lending Operating History - Commercial

## 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 _____
Base rent	\$ _____	\$ _____	\$ _____
Common area maintenance	\$ _____	\$ _____	\$ _____
Tax reimbursement	\$ _____	\$ _____	\$ _____
Insurance reimbursement	\$ _____	\$ _____	\$ _____
Utility reimbursement	\$ _____	\$ _____	\$ _____
Management fee reimbursement	\$ _____	\$ _____	\$ _____
Other reimbursement	\$ _____	\$ _____	\$ _____
Percentage rent	\$ _____	\$ _____	\$ _____
Total other income	\$ _____	\$ _____	\$ _____
<b>Total income collected</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

### Operating expenses

	Year end _____	Year end _____	Month YTD _____
Real estate taxes	\$ _____	\$ _____	\$ _____
Property insurance (including flood and/ or earthquake, if applicable)	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Repairs and maintenance (excluding capital expenditures)	\$ _____	\$ _____	\$ _____
Janitorial	\$ _____	\$ _____	\$ _____
Management fee	\$ _____	\$ _____	\$ _____
Professional fees	\$ _____	\$ _____	\$ _____
General, selling and administrative	\$ _____	\$ _____	\$ _____

Other (list):

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Replacement reserve	\$ _____	\$ _____	\$ _____
<b>Total operating expenses</b>	\$ _____	\$ _____	\$ _____
<b>Net operating income (NOI)</b>	\$ _____	\$ _____	\$ _____
Tenant improvements	\$ _____	\$ _____	\$ _____
Leasing commissions	\$ _____	\$ _____	\$ _____
<b>Total rollover expense</b>	\$ _____	\$ _____	\$ _____
<b>Post-rollover cash flow</b>	\$ _____	\$ _____	\$ _____

(NOI minus total rollover expense)

**Capital expenditure**

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

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

(Total operating expenses plus total rollover expense plus total capital expenditures)