

COMMERCIAL HISTORICAL OPERATING STATEMENT

Please attach original source operating statements and note any replacements or capital improvements. You may provide alternative and/or supplemental documentation as "See Attached". Must have live signatures.

Project Name _____
 Address _____
 City / State _____

	Historical Prior Year 2	Historical Prior Year 1	Current YTD # Months
Total Base Rents			
Other _____			
Other _____			
Other _____			
Other _____			
Gross Potential Income			
Less Vacancy & Collection Loss			
Total Revenues			
Real Estate Taxes			
Insurance			
Unsubordinated Ground Rent			
Utilities			
Trash			
Janitorial			
Administration			
Contract Services			
Building Maintenance & Repairs			
Cleaning Expense			
Supplies			
Elevator Maintenance			
Gardening / Landscaping			
Parking Attendant			
Parking Lot Maint/Snow Removal			
Salaries			
Payroll Taxes			
Telephone			
Legal / Auditing			
Security			
Property Management			
Advertising & Marketing			
Miscellaneous expenses			
Other 1			
Other 2			
Total Operating Expenses			
Tenant Improvements			
Leasing Commissions			
Total TI & LC's			
Fixtures & Equipment			
Heating & AC Units			
Roof			
Other Replacements			
Total Replacements			
CAPEX (Non-Recurring Expenses)			
Exterior Painting			
New Plumbing			
New Electrical			
Termite			
Landscaping			
Other _____			
Other _____			
Other _____			
Total CAPEX			

Payroll & Salary Inclusions _____
 Comments: _____

'The undersigned hereby certifies that all information contained in this certification and hereto attached is true, accurate, and complete.'

CURRENT OWNER SIGNATURE: _____ DATE: _____

CURRENT OWNER SIGNATURE: _____ DATE: _____

BUYER(s) Acknowledgement: _____ DATE: _____