

APARTMENT OPERATING HISTORY

Property Address: _____

Instructions: Please provide complete operating statements for the previous two full years and for the current year to date. You may attach your own operating statement format or provide your Schedule Es from your Federal Income Tax returns. If your property is new please complete the YTD operating statement and provide a 12 month proforma in one of the historical columns.

Annual Income	2008	2009	YTD 2010 - ___ Mths
Rental Income Collected	_____	_____	_____
Laundry Income	_____	_____	_____
Garage Income	_____	_____	_____
Other Income	_____	_____	_____
Total Income Collected	_____	_____	\$0

Annual Expenses			
Taxes	_____	_____	_____
Insurance	_____	_____	_____
License	_____	_____	_____
Electricity *(Y/N)	_____	_____	_____
Rubbish	_____	_____	_____
Water *(Y/N)	_____	_____	_____
Gas *(Y/N)	_____	_____	_____
Cable TV	_____	_____	_____
Gardener	_____	_____	_____
Resident Manager	_____	_____	_____
Offsite Management	_____	_____	_____
Supplies	_____	_____	_____
Pool Service	_____	_____	_____
Elevator	_____	_____	_____
Cleaning Expense	_____	_____	_____
Advertising	_____	_____	_____
Telephone	_____	_____	_____
Building Maint & Repair	_____	_____	_____
Painting & Decorating	_____	_____	_____
Pest Control	_____	_____	_____
Other	_____	_____	_____
Total Expenses	_____	_____	\$0

Capital Improvements (Non-Recurring Expenses)			
Appliances	_____	_____	_____
Carpeting	_____	_____	_____
Drapes	_____	_____	_____
Heating/AC	_____	_____	_____
Furniture	_____	_____	_____
Roof	_____	_____	_____
Other	_____	_____	_____
Total Capital Improvements	\$0	\$0	\$0

Net Operating Income	\$0	\$0	\$0
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*If master metered, please indicate.

I certify under penalty of perjury that the information herein is true and correct as of _____ Date

Borrower/
Seller _____ Date _____

Borrower/
Seller _____ Date _____