

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