

REAL ESTATE RENTAL FINANCIAL STATEMENT



NAME: _____

LEASE ID NUMBER: _____ TELEPHONE: _____(home) _____(bus.)

ADDRESS: _____

REPORTING PERIOD: _____, 20 ____ TO _____, 20 ____

Market Value of Rental Premise(s)	Outstanding Mortgage(s)		Estimated Total Equity
\$ _____	- \$ _____	=	\$ _____

GROSS RENTAL REVENUE

Address	or Legal Description	# of Rental Units
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

OTHER RELATED INCOME \$ _____

TOTAL RENTAL REVENUE \$ _____ (A)

EXPENSES

- Property Taxes \$ _____
- Maintenance and Repairs \$ _____
- Mortgage Interest \$ _____
- Insurance \$ _____
- Light, Heat, Water \$ _____
- Advertising \$ _____
- Salaries and Wages (Caretaker, Janitor) \$ _____
- Accounting \$ _____
- Legal (Other than Purchase) \$ _____
- Commissions (Rental or Collection) \$ _____
- Other _____ \$ _____
- _____ \$ _____
- _____ \$ _____

TOTAL EXPENSES \$ _____ (B)

(Excluding Capital Cost Allowance and Depreciation which are NOT allowable expenses)

NET INCOME (A - B) \$ _____

I hereby certify that the above information is correct and will provide vouchers, receipts and/or other verification upon request. I authorize Capital Region Housing Corporation to analyze the Financial Statements and supporting documents, to make enquiries where deemed necessary, and to obtain written verification from such enquiries to verify the facts. I understand that the information provided in this Financial Statement and supporting documentation is subject to audit by Capital Region Housing Corporation.

Signature _____ Date: _____

Print Name _____