

MULTIPLE FAMILY RESIDENTIAL RENT SCHEDULE

OWNER

PROPERTY ADDRESS

PARCEL NO.

*Please return by: **February 23, 2018** to **CITY ASSESSOR**
P O BOX 5148
EAU CLAIRE WI 54702-5148*

INSTRUCTIONS

PART 1

RENT ROLL

- Column 1 Type of Unit - Please list number of bedrooms and number of bathrooms, e.g. 1 br 1 bath; 2 br 1 ½ baths; efficiency
- Column 2 # of Units of This Type - Please use a separate line for apartments with different rents.
- Column 3 Monthly Rent - Under "Actual Rent", please list current actual rents. If rents have not been changed for several years, or if identical units are being rented at different rates, please list under "Scheduled" the rent you would ask if the unit was available. For owner occupied units, please indicate "owner" and estimate the market rent of the unit under "Scheduled".
- Column 4 Vacant Units - List number of vacant units and months vacant for each unit type.
- Other Items Included in Rent - Please check the items included in the rent. If there are differences among units, please identify them in the comments column.
- Additional Charges - If additional amenities are available, but not included in the base rents, please state the additional charges.
- Average Interior Condition - Please provide your opinion of the average condition of the apartments

PART 2

STATEMENT OF INCOME AND EXPENSES

- Potential Gross Income - Please list the total possible rent as if all units are fully rented at their current market rents.
- Vacancy and Collection Loss - Annual rental loss from vacant units or uncollectible rent.
- Other Income - Income from garage or parking spaces not included in base rents, laundry income, other miscellaneous income
- Expenses - Please itemize annual expenses, with the exception of repairs and maintenance. Please use a three year average for repairs and maintenance if this item is unusually high or low for the previous year. The expense categories for property tax, depreciation, and interest are optional.

PART 1 RENT ROLL

(1) TYPE OF UNIT	(2) # OF UNITS OF THIS TYPE	(3) MONTHLY RENT PER UNIT		(4) VACANT UNITS	(5) COMMENTS
		ACTUAL	SCHEDULED		

<p style="text-align: center;">ITEMS INCLUDED IN RENT</p> <p><input type="checkbox"/> Range <input type="checkbox"/> Water and Sewer</p> <p><input type="checkbox"/> Refrigerator <input type="checkbox"/> Trash Removal</p> <p><input type="checkbox"/> Dishwasher <input type="checkbox"/> Wall or Window Air Cond.</p> <p><input type="checkbox"/> Heat <input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Electricity <input type="checkbox"/> Furniture</p> <p><input type="checkbox"/> Washer / Dryer</p>	<p style="text-align: center;">ADDITIONAL CHARGES</p> <p>Single Car Garage \$ _____</p> <p>Two Car Garage \$ _____</p> <p>Wall or Window Air Conditioning \$ _____</p> <p>Other _____ \$ _____</p>	<p style="text-align: center;">Average Interior Condition of the Apartments</p> <table style="width: 100%; text-align: center;"> <tr> <td>P</td><td>A</td><td>G</td> </tr> <tr> <td>O</td><td>V</td><td>O</td> </tr> <tr> <td>O</td><td>E</td><td>O</td> </tr> <tr> <td>R</td><td></td><td>D</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table>	P	A	G	O	V	O	O	E	O	R		D	1	2	3	4	5
P	A	G																	
O	V	O																	
O	E	O																	
R		D																	
1	2	3	4	5															

**Please complete PART 2, expenses on the back of this page.
Thank you !**

PART 2

STATEMENT OF INCOME AND EXPENSES

Year Ending _____

INCOME

Gross Scheduled Annual Income

Rent from Apartment Units
Less: Vacancy and Collection Loss
Total Net Rent

Other Income (Please Itemize)

Total Gross Annual Income

EXPENSES

Management

Fees or Commissions
Rental Value of Rent Free Units
Managers's or Caretaker's Wages, Fringes, Etc.

Utilities

Water and Sewer
Heating
Electricity

Insurance

Advertising

Legal and Accounting

Cleaning

Supplies

Painting and Decorating

Trash Removal

Lawn Care and Snow Removal

Repairs and Maintenance ___ *last year* ___ *3 yr average*

Replacements (Please Itemize)

Property Tax

Depreciation

Interest

Miscellaneous Expenses (Please Itemize)

Total Expenses

NET INCOME