

COMMERCIAL PROPERTY INCOME SCHEDULE

OWNER

PROPERTY ADDRESS

PARCEL NO.

PART 1 RENT ROLL

(1) OCCUPANCY <small>(OWNER, TENANT NAME, APARTMENT #, ETC.)</small>	(2) LOCATION IN BUILDING (FLOOR)	(3) SIZE OF LEASED AREA AND BUSINESS TYPE OR FOR APARTMENTS: # OF BEDROOMS IN EACH UNIT	(4) MONTHLY RENT PER APARTMENT UNIT OR COMMERCIAL TENANT	(5) IF VACANT HOW LONG?	(6) EXPECTED MONTHLY RENT IF CURRENTLY VACANT	(7) DOES RENT INCLUDE?					LEASE TERMS <i>(For leases longer than one year)</i>														
						H E A T	E L E C T R I C A L	W A T E R & S E W E R	J A N I T O R	T R A S H	INCEPTION DATE	TERM (# OF YEARS)	RENEWAL OPTION	ESCALATOR CLAUSE	*WHO IS RESPONSIBLE FOR?										
															T A X E S	I N S U R A N C E	M A I N T E N A N C E								
						Y	N	Y	N	Y	N	Y	N	Y	N					L	T	L	T	L	T
						Y	N	Y	N	Y	N	Y	N	Y	N					L	T	L	T	L	T
						Y	N	Y	N	Y	N	Y	N	Y	N					L	T	L	T	L	T
						Y	N	Y	N	Y	N	Y	N	Y	N					L	T	L	T	L	T
						Y	N	Y	N	Y	N	Y	N	Y	N					L	T	L	T	L	T
						Y	N	Y	N	Y	N	Y	N	Y	N					L	T	L	T	L	T
						Y	N	Y	N	Y	N	Y	N	Y	N					L	T	L	T	L	T

COMMENTS

Form Completed By: _____

Telephone No.: _____

* L = LANDLORD T = TENANT



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

Return to: CITY ASSESSOR, P O BOX 5148, EAU CLAIRE, WI 54702

