



PRO FORMA OPERATING STATEMENT
For Calendar Year:

INCOME:

Gross Scheduled Income	\$
Tenants Expense Contributions	\$
Laundry Income	\$
Other Income: _____	\$
<u>TOTAL INCOME:</u>	\$
Less 5 % Vacancy and Collection loss	\$
<u>EFFECTIVE GROSS INCOME:</u>	\$

EXPENSES:

Advertising	\$
Cleaning	\$
Electricity	\$
Elevator Maintenance	\$
Fees & Licensing	\$
Gardening	\$
Gas	\$
Internet	\$
Insurance	\$
Legal & Accounting	\$
Management-Offsite	\$
Management-Onsite	\$
Painting & Decorating	\$
Payroll	\$
Payroll Taxes	\$
Pest Control	\$
Pool Maintenance	\$
Real estate Taxes	\$
Repairs & Maintenance	\$
Replacement Reserve	\$
Sewer and Water	\$
Supplies	\$
Telephone	\$
Trash Removal	\$
Utilities	\$
Water	\$
Miscellaneous	\$
Other: _____	\$
Other: _____	\$
<u>TOTAL EXPENSES:</u>	\$
<u>NET OPERATING INCOME:</u>	\$
<u>TOTAL DSCR:</u>	