

RENT ROLL FORM

NAME OF PERSON COMPLETING FORM _____										PHONE # _____							
SIGNATURE OF PERSON COMPLETING FORM _____										DATE _____							
MANAGER'S NAME _____										PHONE # _____							
IS BUILDING(S) OWNER OCCUPIED? YES NO																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
TYPE OF SPACE RENTED SUCH AS OFFICE, RETAIL, INDUSTRIAL, ECT. (APARTMENTS SEE BELOW)	TENANT NAME IF VACANT WRITE "VACANT" AND ENTER THE ASKING RENT IN COLUMN "5"	TENANT'S TOTAL RENTABLE BLDG AREA IN SQ. FT. (IF KNOWN)	DATE CURRENT RENT BEGAN	TENANT'S CURRENT MONTHLY RENT	IS THE RENTAL MONTH TO MONTH	IF NOW LEASED WHAT WAS THE INITIAL MONTHLY RENT	IF NOW LEASED WHAT WAS THE INITIAL LEASE DATE	IF NOW LEASED WHEN DOES LEASE EXPIRE	repair and maint	Insur.	property tax	janitor	elect.	gas	sewer and water	yard maint.	trash removal
19	20	21	22	23	24	25	26	27	28	29	30	31					
APARTMENTS	UNIT SIZE IF KNOWN	CURRENT MONTHLY RENT	ASKING RENT IF VACANT	DATE CURRENT RENT BEGAN	NUMBER OF BEDROOMS	NUMBER OF BATHS	IS THE UNIT FURNISHED	IS HEATING GAS OR ELECTRIC?	REPAIR AND MAINTENANCE	ELECTRICITY	GAS	YARD MAINTENANCE					
UNIT #																	
UNIT #																	
UNIT #																	
UNIT #																	
UNIT #																	
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UNIT #																	

HAS THIS PROPERTY BEEN PURCHASED IN THE LAST 3 YEARS? YES NO HAS THE PROPERTY BEEN APPRAISED OTHER THAN BY THE COUNTY IN THE LAST 3 YEARS? YES NO

SALE PRICE \$ _____ SALE DATE _____ APPRAISED VALUE \$ _____ APPRAISAL DATE _____