RENT ROLLS

Unit #	Tenant Name	Unit Type	Square Footage	Security Deposit	Monthly Rent	Date of Occupancy	Date of Expiration	Last Rent Increase
Form 6#		**TOTAL:**						

Monthly Laundry Income: _____
Monthly Garage Income: _____
Monthly Storage Income: _____
Monthly Sq. Ft. Income: _____
Other:_____
Total:

TOTAL GROSS INCOME:

Management Company or Loan Applicant
Name:_____
Address:_____
City_____State_____ Zip Code_____
Phone:_____Fax:_____
I certify under penalty perjury that the information herein is true and correct.

By:_____ Date:_____