



Commercial Term Lending Operating History - Apartment

Instructions

Complete this form or provide:

- your own dated operating history, or
- the Schedule E from your federal income tax returns.

We require:

- the past 2 full years, and
- the current year to date on or after July 1, and
- a seller-provided operating history for purchase transactions.

If historical information is not available for new or newly renovated properties, please provide:

- a 12 month pro forma statement, and
- a complete year-to-date operating history from the time of lease up.

Property address 336 E. 56th Street New York, NY 10022

Date

Operating history

Income

	Year end 2022	Year end	Month YTD
Actual collection	\$	N/A	N/A
Reimbursed tenant expenses	\$	N/A	N/A
Laundry	\$	N/A	N/A
Parking	\$	N/A	N/A
Storage	\$	N/A	N/A
Other (list):	\$	N/A	N/A
COMMERCIAL INCOME Collection	\$	N/A	N/A
	\$	N/A	N/A
Total income collected	\$	\$	\$

Expenses

Real estate taxes	\$	N/A	N/A
Other taxes and assessments	\$	N/A	N/A
Property insurance (including flood and/or earthquake, if applicable)	\$	N/A	N/A
Utilities			
Master metered?	☐	☐	☐
Water/sewer	\$	N/A	N/A
Trash	\$	N/A	N/A
Fuel/gas	\$	N/A	N/A
Electric	\$	N/A	N/A
Cable	\$	N/A	N/A

	Year end <u>2022</u>	Year end _____	Month YTD _____
Expenses			
Telephone	\$ _____	\$ _____ N/A	\$ _____ N/A
Other	\$ _____	\$ _____ N/A	\$ _____ N/A
Management			
Resident manager	\$ _____	\$ _____ N/A	\$ _____ N/A
Offsite manager	\$ _____	\$ _____ N/A	\$ _____ N/A
Legal/professional fees	\$ _____	\$ _____ N/A	\$ _____ N/A
Payroll	\$ _____	\$ _____ N/A	\$ _____ N/A
Advertising	\$ _____	\$ _____ N/A	\$ _____ N/A
Licenses	\$ _____	\$ _____ N/A	\$ _____ N/A
Building repair (excluding capital expenditure)	\$ _____	\$ _____ N/A	\$ _____ N/A
Building maintenance			
Snow removal	\$ _____	\$ _____ N/A	\$ _____ N/A
Pest control	\$ _____	\$ _____ N/A	\$ _____ N/A
Painting and decorating	\$ _____	\$ _____ N/A	\$ _____ N/A
Cleaning and supplies	\$ _____	\$ _____ N/A	\$ _____ N/A
Gardening	\$ _____	\$ _____ N/A	\$ _____ N/A
Pool service	\$ _____	\$ _____ N/A	\$ _____ N/A
Elevator maintenance	\$ _____	\$ _____ N/A	\$ _____ N/A
Boiler maintenance	\$ _____	\$ _____ N/A	\$ _____ N/A
Other (list):			
_____	\$ _____	\$ _____ N/A	\$ _____ N/A
_____	\$ _____	\$ _____ N/A	\$ _____ N/A
Total operating expenses	\$ _____	\$ _____	\$ _____
Net operating income (NOI)	\$ _____	\$ _____	\$ _____
Total income minus total expenses			

Capital expenditure

List any non-routine maintenance expenses (such as new roof, complete paint job)

_____	\$ _____	\$ _____ N/A	\$ _____ N/A
_____	\$ _____	\$ _____ N/A	\$ _____ N/A
_____	\$ _____	\$ _____ N/A	\$ _____ N/A
_____	\$ _____	\$ _____ N/A	\$ _____ N/A
Total capital expenditure	\$ _____	\$ _____	\$ _____
Total expenses	\$ _____	\$ _____	\$ _____
Total operating expenses plus total capital expenditures			