

SCHEDULE A: Apartment Rental Income

Property Location:	Apartment Property	Calendar Year: 20_____
Assessing Parcel ID:	Rental Income Statement	Submitted By:

Residential Rental Information: Please provide the following rental information.

Unit Type	No. of Units	Room Count		Monthly Rent		Typical Lease Term	Includes the following:
	Total	Rooms	Bath-room	Per Unit	Total	Lease or Tenant at Will (TAW)	W: Water Sewer E: Electricity Heat: Oil/Gas/Elec Other: Explain
<i>Single Room Occupancy(SRO)</i>							
Studio							
1 Bedroom							
2 Bedroom							
3 Bedroom							
4 Bedroom							
Other Rentable Units (Furnished Units)							
Owner/Manager/Janitor Occupied							
SUBTOTAL							
Garage Parking Space		/	/				
Outdoor Parking Space		/	/				
Other Income (Specify)		/	/				
TOTAL							

COPY AND ATTACH ADDITIONAL PAGES (IF NEEDED)