

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, ETC (APARTMENTS) SEE BELOW	TENANT NAME	TENANT'S TOTAL RENTABLE BLD AREA IN SQ. FT (IF KNOWN)	DATE CURRENT RENTAL RATE 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	WATER	YARD MAINT.	TRASH REMOVAL	
										28	29	30	31					
APARTMENTS		20	21	22	23	24	25	26	27	28	29	30	31					
UNIT NUMBER	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 #																		
UNIT #																		
UNIT #																		
UNIT #																		
UNIT #																		
UNIT #																		
UNIT #																		

HAS THIS PROPERTY BEEN PURCHASED IN THE LAST 3 YEARS? YES _____ SALE DATE: _____ APPRAISED VALUE \$ _____

HAS THIS PROPERTY BEEN APPRAISED OTHER THAN BY THE COUNTY IN THE LAST THREE YEARS? YES _____ APPRAISAL DATE: _____