

SCHEDULE A: Apartment Rental Income

| | | |
|-----------------------------|--------------------------------|-----------------------|
| Property Location: | Apartment Property | Calendar Year: |
| 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)