

Commercial Property Information Form

Account: _____ Contact Name: _____
Owner name: _____ Contact Phone: _____
Situs Address: _____ Contact Email: _____
ASN: _____

Property Type: Example: Gym, Law Office, Industrial Warehouse		Gross Building Size:	CAD: COSTAR: CLIENT:
		Net Leasable Area Size:	CAD: COSTAR: CLIENT:
Height of Walls: (Sq Ft)			
Number of Stories:		Air Conditioned Space:	
Year Built:		Permits Obtained within last 2 years? If yes, please describe.	
Land Size: (Sq ft)		Portion of Land Subject to Flood, Easement, or other encumbrance:	

TRANSACTION HISTORY

Purchase Date: _____ Purchase Price: \$ _____
*If purchased within the last 3 years, please provide copy of **Purchase Statement**.

Appraised within the last 3 years? _____ Appraised Value: \$ _____
*If Appraised within the last 3 years, please provide a copy of the **Appraisal**.

Listed for Sale/Rent within the past 3 years? _____ Sales Price/Rent Price? \$ _____
*If Listed for Sale or Rent within the last 3 years, please provide a copy of the **Listing**.

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INCOME INFORMATION:

Please Provide Copy of Rent Roll, if available.

Tenant and Landlord share <u>Common Owners</u>	<u>Name of Tenant</u>	<u>Sqft Leased</u>	<u>Monthly Rent</u>	<u>Lease Term</u>	<u>Year Lease Started</u>	<u># Of Months Occupied</u>	<u>Type of Lease (Gross, NNN, etc.)</u>
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____

EXPENSES INFORMATION

Please Provide Copy of Profit and Loss from Prior Year

TENANT REIMBURSEMENT

Property Taxes _____	Insurance _____	Taxes _____
Management _____	Maintenance _____	Insurance _____
Water _____	Repairs _____	Electric _____
Gas _____	Landscaping _____	Repairs _____
Electric _____	Trash Removal _____	Trash Removal _____
Advertising _____	Legal Fees _____	Maintenance _____
Other _____	Total Expenses _____	Other _____
