OFFICE / RETAIL / APARTMENT
PROPERTY INFORMATION SHEET

Property Address:_____

City:_____ State/Province:_____ OR Other State/Province:_____

County: _____ Zip/Postal Code:_____ Country:_____

Owner/Agent Name:_____

Owner/Agent Phone:_____ Cell Phone:_____ Fax:_____

Type of Area: Low Income Medium Income High Income

What utilities does the owner pay? Electric: Yes No Gas: Yes No Water: Yes No Other: _____
Sewer: Yes No Phone: Yes No Internet: Yes No Other: _____

Is Property Listed? Yes No Days on market?_____

Can property be leased up to market occupancy? Yes No How long? _____ Who? _____

Asking Price:_____ Market Value (As-Is):_____ Who/How Determined:_____

Total SqFt:_____ Total # Rental Spaces/Units:_____ Total Leasable sqft _____ (N/A for apts)

Replacement Value: _____ Repair Costs & Description_____

Actual Rent/Sqft: _____ Actual Gross Income:_____ Actual Annual Expenses:_____

Actual NOI:_____ Actual Vacancy Rate:_____ Actual Cap Rate: _____

Market Rent/Sqft: _____ Market Vacancy Rate: _____ Market Cap Rate: _____

Projected Annual Expenses:_____ Projected NOI: _____ Projected Value: _____

Seller Motivation:_____

In Foreclosure? Yes No If yes, Sale Date?_____ Bankruptcy Filed: Yes No If yes, type?_____

Seller Financing Available? Yes No Terms: _____

Mortgage	**Balance**	**Monthly Payment**	**Delinquent**		**Amount in Arrears**
1st	_____	_____	Yes	No	_____
2nd	_____	_____	Yes	No	_____
3rd	_____	_____	Yes	No	_____

Describe the current market conditions & economy for this type of property (Include sources)

_____

_____

_____

_____

Exit Strategy:_____

_____

_____

Additional Comments:_____

_____