



Commercial Term Lending Operating History - Manufactured Housing Community

Instructions

Complete this form or provide:

- your own dated operating history, or
- the Schedule E from your federal income tax returns.

We require:

- the past 2 full years, and
- the current year to date on or after July 1, and
- a seller-provided operating history for purchase transactions.

If historical information is not available for new or newly renovated properties, please provide:

- a 12 month pro forma statement, and
- a complete year-to-date operating history from the time of lease up

Property address _____

Date _____

Operating history

Income

	Year end _____	Year end _____	Month YTD _____
Actual collection	\$ _____	\$ _____	\$ _____
Laundry	\$ _____	\$ _____	\$ _____
Utility pass through	\$ _____	\$ _____	\$ _____
Other (list): _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Total income collected	\$ _____	\$ _____	\$ _____

Expenses

	Year end _____	Year end _____	Month YTD _____
Real estate taxes	\$ _____	\$ _____	\$ _____
Other taxes and assessments	\$ _____	\$ _____	\$ _____
Property insurance (including flood and/ or earthquake, if applicable)	\$ _____	\$ _____	\$ _____
Utilities			
Water/sewer	\$ _____	\$ _____	\$ _____
Trash	\$ _____	\$ _____	\$ _____
Fuel/gas	\$ _____	\$ _____	\$ _____
Electric	\$ _____	\$ _____	\$ _____

Cable	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Management			
Resident manager	\$ _____	\$ _____	\$ _____
Offsite manager	\$ _____	\$ _____	\$ _____
Legal/professional fees	\$ _____	\$ _____	\$ _____
Payroll	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____
Licenses	\$ _____	\$ _____	\$ _____
Building repair (excluding capital expenditure)	\$ _____	\$ _____	\$ _____
Building maintenance	\$ _____	\$ _____	\$ _____
Snow removal	\$ _____	\$ _____	\$ _____
Pest control	\$ _____	\$ _____	\$ _____
Painting and decorating	\$ _____	\$ _____	\$ _____
Cleaning and supplies	\$ _____	\$ _____	\$ _____
Gardening	\$ _____	\$ _____	\$ _____
Pool service	\$ _____	\$ _____	\$ _____
Other (list):			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Replacement reserve	\$ _____	\$ _____	\$ _____
Total operating expenses	\$ _____	\$ _____	\$ _____
Net operating income (NOI)	\$ _____	\$ _____	\$ _____

Total income minus total expenses

Capital expenditure

List any non-routine maintenance expenses

	Year end _____	Year end _____	Month YTD _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Total capital expenditure	\$ _____	\$ _____	\$ _____
Total expenses	\$ _____	\$ _____	\$ _____

Total operating expenses plus total capital expenditures