

## Multi-Family Income & Expense Statement

Name of Owner: \_\_\_\_\_

Name of Property: \_\_\_\_\_

Address: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

### Actual Gross Income

Past three-year history (as of 12/31/2024)

**2022**

**2023**

**2024**

Apartment rent

\_\_\_\_\_

Other income

(Laundry room, parking,  
vending machines, etc.)

\_\_\_\_\_

Vacancy Rates

\_\_\_\_\_

### Operating Expenses

Management fee

\_\_\_\_\_

Supplies

\_\_\_\_\_

Insurance (annual premium)

\_\_\_\_\_

Utilities (paid by landlord)

\_\_\_\_\_

Repairs & maintenance

\_\_\_\_\_

Advertising

\_\_\_\_\_

Salaries (itemize on separate sheet)

\_\_\_\_\_

Reserve for replacements

(itemize on separate sheet)

\_\_\_\_\_

Other expenses

(itemize on separate sheet)

\_\_\_\_\_

### Totals

Total income (rent plus other income)

\_\_\_\_\_

Expenses before interest & depreciation

\_\_\_\_\_

Net income before interest & depreciation

\_\_\_\_\_

Prepared by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of owner: \_\_\_\_\_

Date: \_\_\_\_\_

## Expense Information

Instructions:

Enter the annual expenses for the items listed. Use estimates if necessary.

**Do not include depreciation, mortgage payments, or property taxes. Prorate expenses that do not occur annually.**

	Totals	
1. Insurance		
a. Fire	\$ _____	
b. Liability	\$ _____	
c. Other (specify) _____	\$ _____	\$ _____
2. Management & payroll		
a. Manager	\$ _____	
b. Lawn, janitor, maintenance person	\$ _____	
c. Other (specify) _____	\$ _____	\$ _____
3. Utilities		
a. Gas and electricity	\$ _____	
b. Water and garbage	\$ _____	
c. Other (specify) _____	\$ _____	\$ _____
4. Supplies		
a. Pool	\$ _____	
b. Office	\$ _____	
c. Janitorial	\$ _____	
d. Other (specify) _____	\$ _____	\$ _____
5. Services		
a. Advertising and telephone	\$ _____	
b. Accounting and legal	\$ _____	
c. Office expense	\$ _____	
d. Other (specify) _____	\$ _____	\$ _____
6. Maintenance and repairs		
Do not include items listed under #8 below.		
a. Redecorating and repairs	\$ _____	
b. Elevators, heating, and air conditioning	\$ _____	
c. Other (specify) _____	\$ _____	\$ _____
7. Other expenses		
a. (specify) _____	\$ _____	
b. (specify) _____	\$ _____	\$ _____
8. Reserves for replacements (annual)		
a. Appliances, carpets & drapes	\$ _____	
b. Roof	\$ _____	
c. Other (specify) _____	\$ _____	\$ _____
Total all expenses		\$ _____

Remarks:

Name (type or print) \_\_\_\_\_ (Owner \_\_\_\_ or Agent \_\_\_\_)

Signature: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_