REAL ESTATE RENT ROLL

Property Address: *315 10th St.* City, State, Zip: *Tell City, IN*

Property Owner: Phone Number:

Owner Address: City, State, Zip:

Property Address	Unit No.	Tenant Name (or state "Vacant")	Square Feet	Monthly Base Rent	Monthly CAM Charge	Original Lease Start Date	Current Lease Start Date	Current Lease Expiration Date	Expenses Paid By Tenant						
									Gas	Electic	Water	Garbg.	Maint.	Insur.	Taxes
315 10th St.				*650*											
317 10th St.				*700*											
319 10th St.				*700*											
321 10th St.				*900*											
323 10th St.				*900*											
325 10th St.		*Vacant*		*900*											
TOTALS:			-	-	-										

CERTIFICATION. The undersigned hereby certifies that he/she is the/an owner of the Property(s) listed herein or an authorized representative of the/an owner, that the information herein is true and correct, and that no tenant is currently delinquent in payments of any rent except as specifically indicated herein or in an attached statement.

Authorized Signature: Name (print): ☐ Sent by email

Title (if applicable): Date:

REV. 8/21/2015