

## **Rent Roll - Commercial**

(Mixed Use)

PLEASE COMPLETE ALL COLUMNS AND SECTIONS

Rent Roll as of: (required)

| PROPERTY ADDRESS                                                                                    |                                                |                         |                                   |                                      |                                     |                                          | CITY                                      |                              |                                    |                                    | ZIP CODE                         |  |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------|-----------------------------------|--------------------------------------|-------------------------------------|------------------------------------------|-------------------------------------------|------------------------------|------------------------------------|------------------------------------|----------------------------------|--|
|                                                                                                     |                                                |                         |                                   |                                      |                                     |                                          |                                           |                              |                                    |                                    |                                  |  |
| SUITE<br>#                                                                                          | TENANTS NAME (Write vacant for vacant suites.) | SQ.<br>FEET<br>(approx) | CURRENT<br>MONTH RENT<br>IN PLACE | ORIGINAL OCCUPANCY DATE (MM/DD/YYYY) | LEASE<br>START DATE<br>(MM/DD/YYYY) | CURRENT<br>LEASE<br>EXPIRATION<br>OR MTM | LEASE TYPE<br>(NNN, MOD.<br>GROSS, GROSS) | MONTHLY<br>C.A.M.<br>CHARGES | NEXT RENT<br>INCREASE<br>(MO / YR) | NEXT RENT<br>INCREASE<br>(\$ / MO) | EXTENSION<br>OPTIONS?<br>(Y / N) |  |
|                                                                                                     |                                                |                         |                                   |                                      |                                     |                                          |                                           |                              |                                    |                                    |                                  |  |
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|                                                                                                     | TOTALS                                         |                         |                                   |                                      |                                     |                                          |                                           |                              |                                    |                                    |                                  |  |
| NOTES                                                                                               | ON TENANTS                                     |                         | 1                                 |                                      |                                     |                                          |                                           |                              |                                    |                                    |                                  |  |
|                                                                                                     |                                                |                         |                                   |                                      |                                     |                                          |                                           |                              |                                    |                                    |                                  |  |
|                                                                                                     |                                                |                         |                                   |                                      |                                     |                                          |                                           |                              |                                    |                                    |                                  |  |
| I (we) certify under penalty of perjury that the foregoing information herein is true and accurate. |                                                |                         |                                   |                                      |                                     |                                          |                                           |                              |                                    |                                    |                                  |  |
| T (Wo) serially and of periods and the relegions information herein is that and accurate.           |                                                |                         |                                   |                                      |                                     |                                          |                                           |                              |                                    |                                    |                                  |  |
| Signature                                                                                           |                                                |                         |                                   |                                      |                                     |                                          | Date                                      |                              |                                    |                                    |                                  |  |