

SEREN FUNDING CORP.

FAX TO 516.224.7428

RENT ROLL

Owner Name: _____

Property Address: _____

Property Type: _____

Unit	Tenant	Monthly Rent	Lease Started	Leases Terminates

Real Estate Taxes: _____

Annual Insurance: _____

Borrower: _____

Date: _____

Co-Borrower: _____

Date: _____