

PRO FORMA OPERATING STATEMENT

PROJECT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

INCOME:

Gross Scheduled Income	\$ _____
Tenants Expense ( Contributions	\$ _____
Laundry Income	\$ _____
Other Income	\$ _____
<u>Total Income</u>	\$ _____

EXPENSES:

Advertising	\$ _____
Cleaning	\$ _____
Electricity	\$ _____
Fees & Maintenance	\$ _____
Fees & Licenses	\$ _____
Gardening	\$ _____
Gas & Electricity	\$ _____
Insurance	\$ _____
Legal & Accounting	\$ _____
Management - Offsite	\$ _____
Management - Onsite	\$ _____
Payroll	\$ _____
Payroll Taxes	\$ _____
Pest Control	\$ _____
Pool Maintenance	\$ _____
Real Estate Taxes	\$ _____
Repairs & Maintenance	\$ _____
Replacement Reserve	\$ _____
Sewer	\$ _____
Supplies	\$ _____
Telephone	\$ _____
Trash Removal	\$ _____
Utilities	\$ _____
Water	\$ _____
Miscellaneous	\$ _____
_____	\$ _____
_____	\$ _____
<u>Total Expenses</u>	\$ _____

Net Operating Income \$ \_\_\_\_\_