



**A. CERTIFICATION**

State law requires certification by the owner or officially authorized representative. Please type or print all information except signatures.

Name of Building \_\_\_\_\_

Property Address \_\_\_\_\_

Type of project or building \_\_\_\_\_

Owner(s) Name(s) \_\_\_\_\_

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete. Contact person \_\_\_\_\_

Management Firm \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Print name \_\_\_\_\_

The Income and Expense information must be placed on this form. No alternative forms may be used. A detailed set of instructions is part of this survey. (Note that payroll taxes and employee benefits should be distributed to each department.) These instructions are provided to assist you in completing the form. If you should have any questions or need assistance please call our office at 703.838.4646.

**B. ANNUAL INCOME (Calendar Year 2007)**

**REVENUE:**

- 01 Actual room rental income .....
- 02 Food – including other income .....
- 03 Beverage .....
- 04 Telecommunications .....
- 05 Other Operated Departments .....
- 06 Rentals and Other Income .....
- 07 TOTAL REVENUES .....

**C. DEPARTMENT COSTS AND EXPENSES:**

- 08 Rooms .....
- 09 Food .....
- 10 Beverage .....
- 11 Telecommunications .....
- 12 Other Operated Departments .....
- 13 TOTAL COSTS AND EXPENSES .....

14 TOTAL OPERATED DEPARTMENTAL INCOME (line 7 minus line 13) .....

**D. UNDISTRIBUTED OPERATING EXPENSES:**

- 15 Administrative & General .....
- 16 Franchise fees – including Marketing Fees .....
- 17 Marketing .....
- 18 Property Operation and Maintenance .....
- 19 Utility Costs .....
- 20 Other Unallocated Operated Departments .....
- 21 TOTAL UNDISTRIBUTED EXPENSES .....
- 22 **INCOME BEFORE FIXED CHARGES** .....

**E. MANAGEMENT FEES, PROPERTY TAXES AND INSURANCE**

- 23 Management fees .....
- 24 Ground rent .....
- 25 Taxes (other than Real Estate) .....
- 26 Real Estate Taxes .....
- 27 Insurance (building and contents) .....
- 28 Total management fees, property taxes and insurance .....
- 29 Reserves for replacement ( Furniture, fixtures & equipment) .....
- 30 **TOTAL EXPENSES** .....

**F. NET OPERATING INCOME BEFORE DEPRECIATION DEBT SERVICE AND INCOME TAXES** .....

**G. FACILITIES DATA**

1. Room types and number

	No. of rooms	Avg. size	Current daily rate	
			In season	Off season
Single	_____	_____	_____	_____
Doubles	_____	_____	_____	_____
Suites	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____

- 2. Restaurant facilities:  Yes  No  
 Space devoted to food preparation and serving: \_\_\_\_\_ sq. ft.  
 Seating capacity: \_\_\_\_\_

- 3. Conference areas: No. of rooms \_\_\_\_\_ Area \_\_\_\_\_ sq. ft.

**H. OCCUPANCY AND DAILY RATE INFORMATION**

1. List your monthly occupancy rates:

Jan \_\_\_\_\_ Feb \_\_\_\_\_ Mar \_\_\_\_\_ Apr \_\_\_\_\_ May \_\_\_\_\_ June \_\_\_\_\_  
 Jul \_\_\_\_\_ Aug \_\_\_\_\_ Sept \_\_\_\_\_ Oct \_\_\_\_\_ Nov \_\_\_\_\_ Dec \_\_\_\_\_

- 2. Year-to-date occupancy rate \_\_\_\_\_

3. **AVERAGE DAILY ROOM RATES**

List your monthly actual average daily room rates:

Jan \_\_\_\_\_ Feb \_\_\_\_\_ Mar \_\_\_\_\_ Apr \_\_\_\_\_ May \_\_\_\_\_ June \_\_\_\_\_  
 Jul \_\_\_\_\_ Aug \_\_\_\_\_ Sept \_\_\_\_\_ Oct \_\_\_\_\_ Nov \_\_\_\_\_ Dec \_\_\_\_\_

- 4. Year-to-date average daily room rate \_\_\_\_\_

**I. CAPITAL IMPROVEMENTS, RENOVATIONS**

Have there been Capital Improvements or Capital Renovations to the property during this reporting period?  
 Yes  No If yes, please provide total cost here and attach a detailed list on separate page.

TOTAL CAPITAL COST: \_\_\_\_\_

Continue on reverse

**H. DEBT SERVICE INFORMATION (within last 5 years)**

Loan Amount	Loan Date	Term	Int. Rate (%)	Payment (P & I)	Payment Frequency (Mo. or Yr.)
1.					
2.					
3.					
4.					

Has there been a professional appraisal on this real property in the last five years?     Yes     No

If yes, appraiser's estimate of value \$ \_\_\_\_\_                      Date of value \_\_\_\_\_