Ocean CAPITAL Lending

Multi-Family Rent Roll

Actual as of: _____ Property Address: _____

Proposed as of: _____ Total Units: _____ Total Vacant: _____

Unit #	Tenant Name	Unit Type	Square Footage	Security Deposit	Monthly Rent	Date of Occupancy	Date of Expiration	Last Rent Increase
			TOTAL:					

Monthly Laundry Income: _____

Monthly Garage Income: _____

Monthly Storage Income: _____

Other: _____

Total: _____

TOTAL GROSS INCOME: _____

Management Company:

_____

_____

_____

_____

_____

I certify under penalty of perjury that the information herein is true and correct.

By: _____ Dated: _____

By: _____ Dated: _____