



**PRO FORMA OPERATING STATEMENT**

**For Calendar Year: \_\_\_\_\_**

**INCOME:**

Gross Scheduled Income	\$
Tenants Expense Contributions	\$
Laundry Income	\$
Other Income: _____	\$
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<b>TOTAL INCOME:</b>	\$
Less 5% Vacancy Allowance	\$
<b>EFFECTIVE GROSS INCOME:</b>	\$

**EXPENSES:**

Advertising	\$
Cleaning	\$
Electricity	\$
Elevator Maintenance	\$
Fees & Licensing	\$
Gardening	\$
Gas	\$
Internet	\$
Insurance	\$
Legal & Accounting	\$
Management-Offsite	\$
Management-Onsite	\$
Painting & Decorating	\$
Payroll	\$
Payroll Taxes	\$
Pest Control	\$
Pool Maintenance	\$
Real estate Taxes	\$
Repairs & Maintenance	\$
Replacement Reserve	\$
Sewer	\$
Supplies	\$
Telephone	\$
Trash Removal	\$
Utilities	\$
Water	\$
Miscellaneous	\$
Other: _____	\$
Other: _____	\$
Other: _____	\$
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<b>TOTAL EXPENSES:</b>	\$
<b>NET OPERATING INCOME:</b>	\$