



Portfolio Property Information Form

PROPERTY INFORMATION

Property Address:		City:	
State:	Zip:	County:	Year Built:
MM/YY Acquired:	Purchase Price:	Year Renovated:	Renovation Cost: <i>(if applicable)</i>
Commercial Property Type:		1-4 Investment Property Type:	
Number of Buildings:	Number of Units:	Number of Units Occupied:	
Total Monthly Rents:	Building Square Footage:	Land Square Footage:	
Does the property have:			
<input type="checkbox"/> Underground or above ground storage tanks <input type="checkbox"/> Hazardous material handling/licensing <input type="checkbox"/> A prior Phase 1 report available <input type="checkbox"/> Automotive repair uses <input type="checkbox"/> On-site dry cleaner <input type="checkbox"/> N/A			
Estimated Property Value:		Source of Value Estimate:	
Owner Occupied: <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner Occupied %:	Years of Investor Experience:	
Current Lender:			
Total Owed:	Maturity Date:	Current Rate:	
Deferred Maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:		
Annual Property Tax:	Annual Hazard Insurance:		
Annual Liability Insurance:	Annual HOA Dues:		

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