# HOTEL/MOTEL INCOME QUESTIONNAIRE FOR 36 MONTHS: FROM ____2012____ TO _____2014_____

**NAME AND LOCATION OF PROPERTY**

**OWNER AND ADDRESS OF RECORD**

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<table>
<thead>
<tr>
<th>Total Number of Rentable Rooms: ________</th>
<th>Number of Parking Spaces: ____________</th>
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<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td><strong>Average Annual Rate/Room/Day</strong></td>
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<tr>
<td><strong>Average Number of Rooms Occupied/Day</strong></td>
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<tr>
<td><strong>Percentage of Occupancy for Year</strong></td>
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**ANNUAL INCOME:**

1. Room Rentals: $___________
2. Food: $___________
3. Beverages: $___________
4. Telephone Service: $___________
5. Other Income (Attach List): $___________
6. Retail Tenant (Attach List): $___________
7. TOTAL (Lines 1 - 6): $___________

**EXPENSES:** Cost of Goods Sold, Departmental Wages and Expenses

8. Rooms: $___________
9. Food and Beverages: $___________
10. Telephone Services: $___________
11. Other Costs (Attach Itemized List): $___________
12. Total Departmental Expenses (Lines 8 - 11): $___________
13. Gross Operating Income (Line 7 minus Line 12): $___________

**UNALLOCATED EXPENSES:**

14. Administrative & General Expenses: $___________
15. Marketing: $___________
16. Energy: $___________
17. Property Operations & Maintenance: $___________
19. Management Fee: $___________
20. Total Unallocated Expenses (Lines 14 - 19): $___________
21. NOI (Line 13 minus Line 20): $___________

**MORTGAGE/SALES INFORMATION:**

1. Is there a current mortgage on this property? Yes _________ No _________
2. If Yes, please provide the following data:
   - Name of Mortgagee: ___________________________
   - Mortgage Amount: ___________________________
   - Interest Rate: ___________________________
   - Term of Mortgage: ___________________________
   - Date 1st Payment: ___________________________
   - Monthly Payment: ___________________________

3. Please provide: Date Purchased_________________ Consideration_________________

I declare, under the penalties of perjury, that the contents of this form and all the accompanying schedules and statements have been examined by me and are true, correct, and complete to the best of my knowledge, information, and belief.

_________________________ ___________________________ ____________
Signature Title of Signer Date

_________________________
Print/Type Name of Signer Phone Number

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