

FINANCIAL ANALYSIS (ANNUAL)

Operating Expenses % _____ **® Operating Expenses Amt** _____ **® Net Operating Income** _____

Loan Payment _____ **® Actual Gross Income** _____ Gross Spendable Income _____ Cap Rate (auto calc) _____ Gross Multiplier (auto calc) _____

Tax Area _____ **® Pre Tax Cash** _____ Tax Rate Year _____ Tax Rate _____ Land \$ _____

Land % _____ Improvements \$ _____ Improvements % _____ Personal Property \$ _____

Personal Property % _____ Total Property Tax _____ **® Lot #** _____ Block # _____ **® Tract #** _____

Vacancy Allowance _____ Gross Operating Income _____

FINANCIAL INFO

Financial Info as of _____ 1st TD Amt _____ Loan 1 Payment _____ Interest Rate _____

® Total Assessed Value _____ Loan Due Date _____ Lender _____ Assumable Yes / No _____

Type of Existing Loan _____ Loan Fee _____ Down \$ _____ 2nd TD Amt _____

All Inclusive Trust Deed Cal Vet Clear Contract Conventional FHA Other-See Rmks Private Small Bus. Administration VA Loan

Loan 2 Payment _____ Interest Rate 2 _____ Type of Existing Loan Rate 2 _____ Loan 2 Due Date _____

Adjustable Fixed Graduated Other-See Remarks

Lender 2 _____ Loan Assumable 2 Yes / No _____ Loan Type 2 _____

All Inclusive Trust Deed Cal Vet Clear Contract Conventional FHA Other-See Rmks Private VA Loan

Loan Fee 2 _____ **® Terms** _____

All Inclusive Trust Deed Cal Vet	Cash To New Loan Concurrent Close Exchange Fannie Mae	FHA Loan Freddie Mac Land Contract Lse-Opt To Buy	Owner May Carry Owner Will Carry Owner Will Carry 2 nd SBA	Short Pay/Subject To Lender Subject To Court Subject To Other Sublease Submit	Trade Trust Conveyance VA Loan VA No Loan VA No No Loan
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Financial Remarks (75 chars max) _____

® Land Lease Fee / Lease _____ Lease \$ _____ Lease Time Month / Year _____ Year Lease Expires _____ Special Study Yes / No _____

Flood Zone Yes / No Coastal Zone Yes / No Slide Zone Yes / No **® Monthly Gross Schedule Income** _____ Total Base Income _____

Overage Income/Mo _____ **® Gross Schedule Income** _____

BUILDING & LAND DATA

® % Of Total Value _____ Building Dimensions _____ Mezzanine SqFt _____

Ceiling Height _____ **® Land SqFt** _____ **® Location** _____

Land Dimensions _____

Lot Description	Construction
Curbs-Walks Downslope Hill Irregular Topography Level Grade Street Dirt	Block Brick Concrete Flagstone Frame & Stucco Glass
Street Paved Street Private Street Public Streetslights Upslope	Manufacture Metal Other Siding Steel Stone
	Stucco/Brick Stucco/Wood Tilt Up Wood

Business District Corner Downtown East Side of Street Industrial District Interior Block/Ctr	Mall North Side of Street Other Professional Center Retail Frontage Shopping Center	South Side of Street Stand Alone Location Strip Store Center West Side of Street
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Roof _____ Enclosed Yard _____ Roof Age _____ Fire Sprinklers Yes / No _____

Asphalt Shingle Common Roof Composition Roll Concrete Shake	Metal Other Rock/Stone Shake	Shingle Shingle-Wood Tile	Back Block Wall Brick Wall Chain Link Cross Fenced	Front Glass Grapestake No Yard Other Fencing	Redwood Slumpstone Stucco Wall Wood Wrought Iron Yard
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Security Description _____ Min. Clearance Height _____ Span _____ Stories _____ Floors _____

Fire Sprinkler System Security System	One Level Three or More Levels	Two Levels	Combination Concrete Slab	Other Raised Foundation
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BUILDING & LAND DATA con't

Total Floors _____ **Year Built** _____ **Year Built Refurbished** _____ **Year Refurbished** _____ **Building Permit** Yes / No

Appraiser _____ Estimated _____
Assessor _____ Landlord/Lessor/Owner _____
Builder _____ Other _____
Seller _____

Zoning _____ **# Buildings** _____ **# Units** _____ **Sewer** _____ **Water** _____

Assessments _____ In Street on Bond _____ Septic Tank _____
Bonds _____ In Street Paid _____
Cesspool _____ In, Connected & Paid _____

District _____
Other _____
Private _____
Well _____

Storage Tank Yes / No **Overhead Crane** Yes / No **Suited For?** _____

Automotive/Service Stations _____ Food Services _____ Medical Office _____ **Service** _____
Beauty Shop _____ General Office _____ **Mixed Use** _____ **Shopping Center** _____
Coin Operated _____ Gift/Florist/Card Shops _____ **Other** _____ Taverns/Cocktail Lounges _____
Convenience Market/Dairy/Supermarket _____ Liquor Stores _____ Professional Office _____ Video Store _____
Distribution/Wholesale _____ **Lodging** _____ **Residential Warehouse** _____
Dry Cleaners _____ Manufacturing _____ Retail _____

ADA Complaint Yes / No

PLANT DATA

Plant Sq Ft _____ **Amps** _____ **Voltage** _____ **Phase** _____ **Railroad Access** Yes / No

Heat (Plant) _____ **Cooling (Plant)** Yes / No **Loading Doors** _____ **# Docks** _____

Electric _____ Heat Pump _____ Solar _____
Floor Furnace _____ Other- See Remarks _____ Space Heater _____
Forced Air _____ Propane _____ Wall Electric _____
Gravity Heating _____ Radiant _____ Wall Gas _____

Wells _____ **# Ground Level Docks** _____ **# Toilets – Men (Plant)** _____

Toilets Women (Plant) _____ **Foil** Yes / No **Skylights** Yes / No

Parking Type _____ **Parking Ratio** (sys generated) _____ **Fenced SqFt** _____

Assigned Parking _____ Open _____
Covered/Subterranean _____ Public _____
Employees _____ Unassigned Parking _____
Gated Parking _____

OFFICE DATA

Total Office Square Feet _____ **# Offices** _____ **# Toilets – Men (Office)** _____

Toilets Women (Office) _____ **A/C (Office)** Yes / No

Heat (Office) _____

Electric _____ Heat Pump _____ Solar _____
Floor Furnace _____ Other- See Remarks _____ Space Heater _____
Forced Air _____ Propane _____ Wall Electric _____
Gravity Heating _____ Radiant _____ Wall Gas _____

ANNUAL OPERATING EXPENSES

Taxes (New) _____ **Elevator** _____ **Fire Insurance** _____ **Gardener** _____

Liability Insurance _____ **Parking Lots** _____ **Gas & Electricity** _____ **Trash** _____

Water Exp _____ **Janitor** _____ **Maintenance %** _____ **Common Area Maintenance** _____

Association _____ **Management** _____

Accountant _____ **Advertising** _____ **Contract Services** _____ **Debt Services** _____ **Sewer Expenses** _____

Supply Expenses _____ **Payroll Reserves** _____ **Security** _____ **Utilities** _____ **Vacancy %** _____

Other Expenses Desc _____ **Other Expenses** _____ **Total Expenses** _____

Source of Annual Expenses

Accountant Provided _____
Owner Provided _____
Tax Return _____

SHOWING INSTRUCTIONS

Showing Instr	S/O Comp	S/O Comp %/\$	Var Rate Comm
Appointment Only Call First Call Listing Office Do Not Contact Occupants	Drive By Drive By Only Gate Pass Go Direct	Key In Listing Office Restricted Access-Call L/A See Remarks Subject To Inspection	Call For Information No See Remarks Yes

Transfer of Possession

Close of Escrow	COE Plus 1	COE Plus 3	Other-See Remarks
COE Plus	COE Plus 2	Negotiable	

Lockbox Location	Lockbox Type	Sign on Property Yes / No
Call Listing Office Front Door Front Gate Garage Door	Gas Meter No Key Safe Rear Door See Remarks	Side Door Side Gate Sign Post Vault
	Supra-SoCalMLS Combo-See Remarks Multacc-GIVMLS No Key Safe Other-See Remarks	Supra-LOCK Supra iBox Supra Key Supra-DAMLS Supra-GIVMLS
		Supra-GSBRLS Supra-MRMLS Supra-Newport Supra-SRAR/BAOR

Gate Code (25 chars max) _____

LISTING OFFICE/AGENT INFO

Board ID <small>(System Generated)</small>	Office Name <small>(System Generated)</small>	Listing Company ID	Listing Office ID <small>(System Generated)</small>
Office Phone <small>(System Generated)</small>	Office Fax	L Agt Full Name	L Agt ID <small>(System Generated)</small>
Agt Preferred Phone	Agt Preferred Phone Ext	Agt Res Phone	
Agt Preferred Fax	L Agt Cell Phone	L Agt Pager	
Voicemail	Voicemail Ext	L Agt Email	
L Agt Website			

CO-LISTING OFFICE/AGENT INFO

Co-Listing Agt ID	Co-Listing Agt Full Name
Co-Listing Agt Preferred Phone	Co-Listing Agt Preferred Phone Ext
Co-Listing Agt Res Phone	Co-Listing Agt Preferred Fax
Co-Listing Agt Pager	Co-Listing Agt Cell Phone
Co-Listing Agt Voicemail	Co-Listing Agt Voicemail Ext
	Co-Listing Office ID
	Co-Listing Agt Email

AGENT REMARKS

Agent Remarks (500 chars max) _____

INTERNET INFORMATION

Address on the Internet? Yes/ No	HomeSeekers Yes/ No	LA Times Yes/ No	OC Register Yes/ No	Cyberhomes Yes / No
Realtor.com Yes/ No	Homes.com Yes/ No	IDX Yes/ No	LA News Group Yes / No	Listing Paid Yes/ No

LISTING ACTIVITY

Ⓢ List Date _____

Ⓢ Expiration Date _____

Change to Pending/Backup Offers/First Right of Refusal

Ⓢ Pending (Projected Sale) Price \$ _____

Ⓢ Projected Close Date _____

Ⓢ Pending Date _____

(Listing will auto-sell 14 days after the Projected Date)

Ⓢ Financing _____

- All Inclusive Trust Deed
- Assumed
- Cal Vet
- Cash
- Conventional
- FHA Loan
- Land Contract
- Other-See Rmks-Call List Office
- Owner Carried
- Private
- Trust Conveyance
- VA Loan

Ⓢ Selling Agent _____

Sold Terms _____

- Auction
- Buyer Concessions
- Contract Of Sale
- Exchange/Trade
- In Foreclosure
- Lease Option
- Real Estate Owned
- Seller Concessions
- Short Payoff
- Standard Sale

CLOSED INFORMATION

Ⓢ Selling Agent _____

Ⓢ Closed Date _____

Sold Terms _____

- Auction
- Buyer Concessions
- Contract Of Sale
- Exchange/Trade
- In Foreclosure
- Lease Option
- Real Estate Owned
- Seller Concessions
- Short Payoff
- Standard Sale

Ⓢ Pending Date _____

Ⓢ Sales Price _____

Ⓢ Financing _____

- All Inclusive Trust Deed
- Assumed
- Cal Vet
- Cash
- Conventional
- FHA Loan
- Land Contract
- Other-See Rmks-Call List Office
- Owner Carried
- Private
- Trust Conveyance
- VA Loan

“The accuracy of all information, including square footage and lot sizes is deemed reliable but not guaranteed and should be independently verified through personal inspection with the appropriate professionals.”

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____



Payment Authorization for Recip Listings Only Form

Please complete this form only if you are reciprocating a listing to the following MLS'. **California Desert AOR, CLAW, I-tech, Socal MLS and South Bay AOR.**

Date: _____

Address of the Property: _____

City: _____ Zip Code: _____

Listing Agent Name: _____ Phone #: _____

Office Name: _____

Listing Fee \$25.00 (includes one photo)

Listing fee includes 1st *Photo	\$25.00
_____ # of Additional *Photos @ \$5.00 \$ _____	= \$ _____

Type of Credit Card: VISA [] M/C [] AM EXP [] OPTIMA []

Card # _____ Exp. Date _____

Name as it appears on Card _____

I authorize the Association to charge my credit/ATM Card indicated above for my listing. Please make all checks payable to Tricounties.

Signature _____

PHOTOS?

E-mail photo(s) to TricoPhotos@rPartner.net. Please be sure to type in the subject line the listing address or the listing number if you have it.

Photos are attached to this form by Disk, Print or Photo Prints (if you are bringing the photos in person).

***Preferred Fax Number:** _____
Please provide a fax number in case we have questions or your listing is incomplete, thank you!

***Contact Phone Number:** _____
Please provide a phone number in case we have questions or your listing is incomplete, thank you!

Please fax this form along with the reciprocal input listing form to **(909) 594-7156** Attn. MLS Department and if you have any questions about this form please contact us at (909) 594-5992.

Thank you!