

**REAL ESTATE RENT ROLL**

Property Address: 315 Tenth St.

City, State, Zip: Tell City IN

Property Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Property Address	Unit No.	Tenant Name (or state "Vacant")	Square Feet	Monthly Base Rent	Monthly CAM Charge	Original Lease Start Date	Current Lease Start Date	Current Lease Expiration Date	Expenses Paid By Tenant								
									Gas	Electric	Water	Garbg.	Maint.	Insur.	Taxes		
315				900													
317				700													
319				700													
321				900													
323				900													
325		Vacant		800													
TOTALS:				-	-	-											

**CERTIFICATION.** The undersigned hereby certifies that he/she is the/an owner of the Property(s) listed herein or an authorized representative of the/an owner, that the information herein is true and correct, and that no tenant is currently delinquent in payments of any rent except as specifically indicated herein or in an attached statement.

Authorized Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Sent by email

Title (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_