

THE APARTMENT INVESTMENT SURVEY

Please make any necessary corrections. Please answer all questions.



If you complete this questionnaire, we will send you a **free one-year subscription to the Apartment Advisor** (a \$105 value). We have conducted this research since 1979, and value your participation. Please correct any information we show, as needed.

Name: _____ Client Id: _____

Company: _____

Address: _____ Phone: _____

SALE INFORMATION

Property Name: _____ Id: _____

Address: _____ City/Zip: _____

Purchase Price: _____ *Please correct to show total price paid, including personal property items.* Sale Date: _____

Please note any unusual factors either included or not included in the sales price (e.g., deduction for deferred maintenance, etc.)

Is/was renovation required? Yes No If yes, how much will/did renovation cost? \$ _____

If yes, what renovation will/did you do? _____

What was the listing price? _____

MONTHLY INCOME

Assume 100% occupancy. Include manager's unit. If you do not have a unit breakdown please input total at "Total Monthly Scheduled Gross Income."

| Unit Type | No. | Unit Size Min. - Max. | Avg. Size | At Time of Sale Average Rent | Est. Market Average Rent |
|--|-----|--------------------------|--------------|---------------------------------|-----------------------------|
| Studios | | | | | |
| 1 Bed | | | | | |
| 2 Bed/1Ba | | | | | |
| 2 Bed/2Ba | | | | | |
| 3 Bed/1Ba | | | | | |
| 3 Bed/2Ba | | | | | |
| Other | | | | | |
| Total Monthly Apartment Income: | | | | | |
| Monthly Commercial Income: | | | | | |
| Monthly Parking Income: | | | | | |
| Monthly Laundry Income: | | | | | |
| Monthly Utility Income: | | | | | |
| Other Monthly Income: | | | | | |
| Total Monthly Scheduled Gross Income: | | | | | |
| Vacancy % | | | | | |
| Total Monthly Collected Gross Income: | | | | | |

ANNUAL EXPENSES

If you do not have a breakdown, please input "Total Expenses." Exclude upgrading costs.

| Expense Item | Annual Budget |
|---------------------------|------------------|
| Real Estate Taxes: | |
| Insurance: | |
| Utilities: | |
| Heat: | |
| Resident Management: | |
| Professional Management: | |
| Office Administration: | |
| Decorating/Turnover: | |
| Repairs & Maintenance: | |
| Pool/Recreation: | |
| Elevator: | |
| Landscaping: | |
| Marketing: | |
| Miscellaneous: | |
| Reserves for Replacement: | |
| Total Expenses: | |

BUILDING INFORMATION

| Building Data | Utilities Paid By | Parking |
|---|--|--------------------------|
| Total Apartment Units: _____ | Heat: Tenant <input type="checkbox"/> Owner <input type="checkbox"/> | <u>No.</u> <u>Charge</u> |
| Total Commercial Sq Ft: _____ | Water/Sewer: Tenant <input type="checkbox"/> Owner <input type="checkbox"/> | Open: _____ |
| Total Net Rentable Sq Ft: _____ | Garbage: Tenant <input type="checkbox"/> Owner <input type="checkbox"/> | Carpports: _____ |
| Gross Building Sq Ft: _____ | Amenities | Garage: _____ |
| Year Built: _____ | Dishwasher: Yes <input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/> | Total: _____ |
| No. of Stories: _____ | Fireplace: Yes <input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/> | |
| No. of Buildings: _____ | Decks/Patios: Yes <input type="checkbox"/> No <input type="checkbox"/> Some <input type="checkbox"/> | |
| Roof: Pitch <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> | Elevator: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Building Exterior: Siding <input type="checkbox"/> Stucco <input type="checkbox"/> Brick <input type="checkbox"/> | Security: Intercom <input type="checkbox"/> Gate <input type="checkbox"/> None <input type="checkbox"/> | |
| Type of Heat: Elec. Baseboard <input type="checkbox"/> Gas/Oil <input type="checkbox"/> | Washer/dryer: In Unit <input type="checkbox"/> Hook-Ups <input type="checkbox"/> Common <input type="checkbox"/> None <input type="checkbox"/> | |
| Elec. Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> | Recreation: Pool <input type="checkbox"/> Clubhouse <input type="checkbox"/> Tennis Ct <input type="checkbox"/> None <input type="checkbox"/> | |

Over ⇨

FINANCING

Loan Amount: _____ New Loan Assumption Seller All Cash AITD

Interest Rate: _____ Fixed Rate Adjustable Amortization: _____ years

Monthly Loan Payment: _____ Loan Due: _____ years

Lender: _____

INVESTMENT OBJECTIVES

How many years do you plan to retain this property? _____ years

What is the likelihood of condominium conversion? 1 2 3 4 5 6 7 8 9
(circle the appropriate probability: 1 = absolutely certain; 5 = 50/50; 9 = definitely will not convert)

Have you previously owned an apartment investment? Yes No

Rank the following objectives in order of importance to you when you purchased the property
(1 = most important; 2 = second most important; 3 = third most important; 4 = least important)

_____ Appreciation _____ Cash flow _____ Upgrading potential _____ Tax shelter

MISCELLANEOUS

Was this a 1031 exchange for: Buyer Seller Neither

Who was the Seller's broker? Name: _____ Company: _____

Who was the Buyer's broker? Name: _____ Company: _____

We have conducted this research since 1979 to provide investors with timely, reliable, unbiased market information.

**If you have questions about the survey, please call: Patty Dupré
Tel (206) 935-3459 Fax (206) 935-6763 Web Site: www.dsaa.com**

PLEASE FOLD AND TAPE CLOSED - THANK YOU!

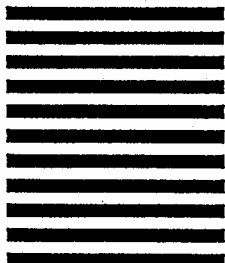


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