COMMERCIAL LEASE SUMMARY

Property Name: _____

Property Address: _____   **Lease Summary as of:** _____

Unit #	Tenant Name (Insert "Vacant" if no Tenant) / Business Activity	Net Rentable Square Ft.	Date Lease Signed	Date Lease Expires	Current Monthly Rental Amount	Annual Sched. Rental Increases	Allowance for T.I.'s on vacant space	Asking Rental Rate	Landlord Expenses Paid or Reimbursed by Tenant (Show % of total expense or Fixed Amount paid by Tenant)								
									RE Taxes	Insurance	Janitor	Elec.	Gas	Water	Trash	Prop Mgt.	CAM(*)
	TOTALS =	0			0												

(*) List Landlord CAM expenses which are reimbursed by tenant: _____

I certify that the information presented in this Lease Summary may be relied upon as a true statement of facts contained herein.

_____
Applicant's Signature   Date