

ANNUAL RENTAL PROFORMA

To: Northfield Savings Bank Owners Estimate of Value \$ _____

Name: _____

Date: _____ Loan Balance: \$ _____

Property Address: _____

Number of Units: _____

RENTAL SCHEDULE

TENANT NAME

Unit No. 1: _____ Rooms _____ Bedrooms _____ Baths @ \$ _____ Per Month _____

Unit No. 2: _____ Rooms _____ Bedrooms _____ Baths @ \$ _____ Per Month _____

Unit No. 3: _____ Rooms _____ Bedrooms _____ Baths @ \$ _____ Per Month _____

Unit No. 4: _____ Rooms _____ Bedrooms _____ Baths @ \$ _____ Per Month _____

Unit No. 5: _____ Rooms _____ Bedrooms _____ Baths @ \$ _____ Per Month _____

Unit No. 6: _____ Rooms _____ Bedrooms _____ Baths @ \$ _____ Per Month _____

Unit #	Date of Lease	Lease Term in Years	# of Months Vacant in Last 24 mons.	Heat Included in Rent Yes/No	Comments

Total Annual Income \$ _____

Total Annual Expenses \$ _____
(without Depreciation)

Total Excess/(Deficit) \$ _____

Owner's Signature Date

Please return this form to: Northfield Savings Bank
Commercial Loan Dept.
P O Box 347
Northfield VT 05663-0347