

## 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.  
PO Box 7180  
Barre, VT 05641-7180