CONTACT INFORMATION

Legal Owner's Name(s):	
Mail Address:	
Work Phone: ()	
Home Phone: ()	
Cell Phone: ()	
FAX: ()	
E-mail address:	
Hotel website: http://	

HOTEL INFORMATION

🗆 Independent Hotel, 🗆 Franchi	se Hotel, which franchise:_				
Hotel Name:					
Hotel Street Address:					
City:	County:	State:			
Total Number of Guest Rooms (in	ncluding owner's unit):				
Year Built:					
Number Buildings:	_, Number Stories:	, Number Elevators:			
Lot Size or Acres:					
Total Parking Spaces:, Parking Types: Darking Lot, Darking Garage					
Swimming Pool: \Box Yes, \Box No					
Property currently open for busin	ess: 🗆 Yes, 🗆 No				
Value: \$	\Box Actual Appraisal, \Box E	stimate of Value			
Selling Price: \$					
Owner Financing Available: \Box N	Jo,				
	es: How much down paym	nent for owner financing \$			

Current Mortgage Information for Assumable Loans and/or Owner Financing

	Principal Balance Remaining	Current Monthly Payment	Number Payments Remaining	Current Interest Rate	Fixed Rate or Adjustable Rate
1 st Mortgage (Assumable)					
2 nd Mortgage (Assumable)					
3 rd Mortgage (Assumable)					
Owner Finance Amount					

Features: □ Franchise hotel, □ Interior corridor, □ Swimming pool, □ Restaurant, □ Bar-Lounge, □ Meeting space, □ Fix-Upper

Location: \Box Downtown, \Box In-town highway, \Box Interstate, \Box Airport, \Box Oceanfront, \Box Near Ocean, \Box Tourist, \Box Business traveler, \Box Weekly locals

Allocation of Space	Total Sq. Ft.	Heated Sq. Ft.
Hotel rooms, Lobby, Hotel offices, Hallways under roof		
Meeting rooms / Banquet rooms		
Kitchen / Food preparation		
Restaurant / Dining Area # Seats:		
Bar / Lounge: # Seats: License type: □ Beer/Wine, □ Liquor		
Laundry, Storage, Maintenance		
Other:		
Other:		
Column Totals		

Attach additional sheets for below information if needed

A. Detailed description of land and buildings, construction type and quality, major improvements:

B. Hotel Amenities / Unique Features:

C. Area Competition:

- D. Description of Local Area and Property Location:
- E. Desired Seller Loan Terms For Owner Finance:

Pictures: □ Building, □ Lobby, □ Guest Room, □ Bathroom, □ Pool Area

Property Name: _____

	YR 20 TOTAL ROOM NIGHTS OCCU- PIED FOR MONTH	YR 20 GROSS ROOM RENT RECEIPTS FOR MONTH	YR 20 TOTAL ROOM NIGHTS OCCU- PIED FOR MONTH	YR 20 GROSS ROOM RENT RECEIPTS FOR MONTH	YR 20 TOTAL ROOM NIGHTS OCCU- PIED FOR MONTH	YR 20 GROSS ROOM RENT RECEIPTS FOR MONTH (Year To Date)
JAN						
FEB						
MAR						
APR						
MAY						
JUNE						
JULY						
AUG						
SEPT						
OCT						
NOV						
DEC						
TOTAL						

 \Box Room revenues are verifiable reported income, OR \Box Room revenues are estimated.

Major Improvements (last 7 years)	Year	Expense
		1

INCOME AND EXPENSE SUMMARY

INCOME	YEAR 20	YEAR 20	YEAR 20 (Year To Date)
Gross Room Revenue (including taxes)			
Gross Telecommunications Revenue (internet, room and coin phones)			
Vending Income (Net income after expenses)			
Other Income (Net income after expenses)			
Total Income	(A)	(A)	(A)
EXPENSES			
Sales Tax and Tourist Tax			
Franchise Fees			
Marketing and Advertising			
Real Property Taxes			
Property Insurance (all types)			
Workman's Compensation Insurance			
Payroll (Wages, Unemployment, FICA)			
Telephone & Telecommunications			
Water & Sewer			
Garbage Collection			
Electric			
Gas (natural or propane)			
Cable or Satellite TV			
Bank charges and credit card processing fees			
Office Supplies			
Laundry and Janitorial supplies			
Maintenance repairs & supplies (excluding employee labor)			
Capital Improvements (roof, boiler, furniture, appliances, etc.			
Leases and Rentals Expense (equipment, real property)			
All Other Expenses (Excluding Mortgage Payments)			
Total Expenses	(B)	(B)	(B)
NET OPERATING INCOME (NOI) Subtract Line (A) - (B)			

Return To: FirstTrust Realty, Inc.

Contact: Fred Hoffmann FOR instructions on how to submit the above information.

Telephone: (386) 252-5500