

**MONTHLY SCHEDULE OF INCOME
(RENT ROLL)**

Property Address

Unit No.	Tenants Name	No. of Rooms	Monthly Rent	•R/C or•R/S	Security Amount	Lease Expires
				<input type="checkbox"/> R/C <input type="checkbox"/> R/S		
				<input type="checkbox"/> R/C <input type="checkbox"/> R/S		
				<input type="checkbox"/> R/C <input type="checkbox"/> R/S		
				<input type="checkbox"/> R/C <input type="checkbox"/> R/S		
				<input type="checkbox"/> R/C <input type="checkbox"/> R/S		
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				<input type="checkbox"/> R/C <input type="checkbox"/> R/S		
				<input type="checkbox"/> R/C <input type="checkbox"/> R/S		
				<input type="checkbox"/> R/C <input type="checkbox"/> R/S		
				<input type="checkbox"/> R/C <input type="checkbox"/> R/S		

I HEREBY CERTIFY THAT THE ABOVE INFORMATION TRULY REPRESENTS THE ACTUAL AND/ OR MAINTENANCE FEES CURRENTLY BEING COLLECTED

Certified By: _____
**Print name of seller or sellers' attorney
 (If refinance, print name of owner)**

ⓧ _____
Please sign name above Date

•R/C = rent controlled apartment
 ••R/S = rent stabilized apartment