Rent Roll

Owner:	Property Address:	Number of Buildi	gs:	Number of Units:	
Property Name:	City, State, Zip	Total Square Foo	age:	Current Vacancy:	

Unit	Unit Numbe	Square Feet	Beds	Baths	Lease Status	Begin Date	End Date	Monthly Re	Rent/SF	Market Ren	Market Ren	Loss to Lea	Sec. Deposi	Balance	Notes
	1														
	2														
	3														
	4														
	5														
	6														
	7														
	8														
	9														
1	0														
1	1														
1	2														
1	3														
1	4														
1	5														
1	6														
1	7														
1	8														
	9														
2	0														
2	1														
2	2														
2	3														
2	4														

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