A. CERTIFICATION

State law requires certification by the owner or officially authorized representative. Please print all information except signature.

Property Address _____

Owner(s) Name(s) _____

All information, including the accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief are true, correct, and complete.

Management firm _____ Phone _____

Address _____

Date _____ Signature _____ Title _____

Print Name _____ E-mail _____

B. ANNUAL INCOME (Calendar Year 2021)

REVENUE:

01 Actual room rental income	
02 Food and beverage	
03 Telecommunications	
04 Other operated departments	
05 Rentals and other income	
06 TOTAL REVENUES (Sum of Lines 01-05)	

C. DEPARTMENT COSTS AND EXPENSES

07 Rooms	
08 Food and beverage	
09 Telecommunications	
10 Other operated departments	
11 TOTAL COSTS AND EXPENSES (Sum of Lines 07-10)	
12 TOTAL OPERATED DEPARTMENTAL INCOME (Line 06 minus Line 11)	

D. UNDISTRIBUTED OPERATING EXPENSES

13 Administrative and general	
14 Franchise fees	
15 Marketing and sales	
16 Property operation and maintenance	
17 Utility costs	
18 Other unallocated operated departments	
19 TOTAL UNDISTRIBUTED EXPENSES (Sum of Lines 13-18)	
20 INCOME BEFORE FIXED CHARGES (Line 12 minus 19)	

E. MANAGEMENT FEES, PROPERTY TAXES AND INSURANCE

21 Management fees	
22 Ground rent	
23 Taxes (other than real estate)	
24 Real estate taxes	
25 Insurance (building and contents)	
26 TOTAL MANAGEMENT, TAXES AND INSURANCE (Sum of Lines 21-25)	
27 Reserves for replacement (FFE)	
28 TOTAL EXPENSES (Sum of Lines 26-27)	

F. NET OPERATING INCOME BEFORE DEPRECIATION, DEBT SERVICE AND INCOME TAXES
(Line 20 minus Line 28) ..... _____

G. FACILITIES DATA

1. Room types and number:

	No. of rooms	Average Size
Single	_____	_____
Double	_____	_____
Suite	_____	_____
TOTAL	_____	_____

2. Restaurant facilities: ❑ Yes ❑ No

   Space devoted to food preparation and serving: _____ sq. ft.
   Seating capacity: _____

3. Conference areas: No. of rooms: _____ Area _____ sq. ft.

H. OCCUPANCY AND DAILY RATE INFORMATION

1. List your monthly occupancy rates for 2021:

   Jan _____ Feb _____ Mar _____ Apr _____ May _____ Jun _____

   Jul _____ Aug _____ Sep _____ Oct _____ Nov _____ Dec _____

2. Year-to-date occupancy rate: _____

3. Average daily room rates for 2020:

   Jan _____ Feb _____ Mar _____ Apr _____ May _____ Jun _____

   Jul _____ Aug _____ Sep _____ Oct _____ Nov _____ Dec _____

4. Year-to-date average daily room rate: _____

I. CAPITAL IMPROVEMENTS, RENOVATIONS

Have there been capital improvements or capital renovations to the property during this reporting period?
❑ Yes ❑ No

If yes, please provide total cost here and attach a detailed list on a separate page.
Reflect only those capital costs that were actually expensed in calendar years 2020 & 2021.

TOTAL CAPITAL COST: $_____

J. DEBT SERVICE INFORMATION

Has there been a professional appraisal on this real property in the last five years? ❑ Yes ❑ No

If yes, appraiser's estimate of value $_____ Date of value _____

K. ADDITIONAL DATA

Please provide the year ending 2021 Smith Travel Accommodations Report (STAR) for this property.