Schedule of Leases

Borrower _____

Property _____

Address _____

_____

Prepared as of: _____

THE UNDERSIGNED CERTIFIES THIS TO BE A TRUE AND CORRECT REPRESENTATION OF THE LEASE RATE INFORMATION AFFECTING THE SUBJECT PROPERTY.

Signature _____

Name of Tenant Type of Business	Net Rentable Area	Lease Began	Lease Term	Expiration Date	Annual Rent	Monthly Rent	Rent/ S.F.	Monthly CAM	Paid by Tenant			Total Monthly Collected
									Mo Taxes	Insurance	Miscellaneous	