

# Capital Improvements Summary

**Commercial Funding Professionals, LLC**

**(304) 258-7672 Phone**

**Attn: Janie Young**

**Fax completed form to 206-202-2974**

Property Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

	2006 Actual Cost	2007 Actual Cost	2008 Actual Cost	Discription of Work Performed
New Roof				
Exterior Painting				
New Appliances				
New Carpeting				
New Plumbing				
New Electrical				
Termite Work				
New Landscaping/ Hardscaping				
New Parking Surface				
Other (Describe)				

**On-Site Management**

Position	Employee Name	Full Time /Part Time	How Long Employed	Unit Number	Apt. Allowance (\$ per month)	Monthly Salary (\$)	Other Comp/ Ins (\$ per month)
Resident Manager							
Assistant Manager							
Leasing Agent							
Maintenance							
Other							

I certify that the above expenses are true and correct and may be reported as expenses in operating statements.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_