

Real Estate Cash Flow

Investments/Real Estate for: _____
 Name

As of: _____
 Date

Directions: *Fill in requested information in blue-shaded cells. All figures should be in the thousands.*

Entity Name	Date Acquired	Est FMV	Liabilities	Equity	% of Ownership	Net Equity	NOI	Annual Debt Service	Net Cash Flow After Debt Service	% Net CF	Lender	Property Type*
TOTAL												

Signature _____

*PROPERTY TYPES	
APT	Apartment
MED	Medical
O	Office
R	Retail Center
I	Industrial
SFR	Single Family Residence
V	Vacant Land