

COMMUNITY FEDERAL SAVINGS BANK
CERTIFIED OPERATING STATEMENT

___/___/___

Loan Number:

Property Address:

Borrower(s):

Income:

Rental: _____

Other Income: _____

Total Income: \$ _____

Expenses:

Advertising: _____

Auto & Travel: _____

Cleaning & Maintenance: _____

Insurance: _____

Legal and other Professional fees: _____

Management Fees: _____

Repairs: _____

Supplies: _____

Taxes: _____

Utilities: _____

Utilities: _____

Other: _____

Total Expenses: \$ _____

I certify that this information is true and accurate

Signature of Borrower(s)

Please fax to (718) 847-6444