

STANDARD MARKETING MEETING PRESENTATION FORM



CONTROL: _____ Exclusive _____ Exclusive Agency _____ Principal

TITLE/HEADING OF OFFER: _____ Value: \$ _____

PROPERTY TYPE: _____ Loan: \$ _____

PROPERTY DESCRIPTION: _____ Equity: \$ _____

LOCATION: _____

BENEFITS TO NEW OWNER: _____

| INCOME/EXPENSES: | | <u>ACTUAL-PRIOR YEAR</u> | <u>PROJECTED-CURRENT YEAR</u> |
|------------------------|-----------------|--------------------------|-------------------------------|
| Gross Scheduled Income | GSI | _____ | _____ |
| Vacancy | (-) VAC | _____ | _____ |
| Gross Operating Income | GOI | _____ | _____ |
| Operating Expenses | (-) EXP | _____ | _____ |
| Net Operating Income | NOI | _____ | _____ |
| Debt Service | (-) DBT | _____ | _____ |
| | CASHFLOW | _____ | _____ |
| | CAP RATE | _____ | _____ |

ENCUMBRANCES:

| | <u>Balances</u> | <u>Accurate as of Date</u> | <u>Payment</u> | <u>Interest Rate %</u> | <u>Loan Due</u> |
|--------|-----------------|----------------------------|----------------|------------------------|-----------------|
| Loan 1 | _____ | ____/____/____ | _____ | _____ | ____/____/____ |
| Loan 2 | _____ | ____/____/____ | _____ | _____ | ____/____/____ |

BENEFITS SOUGHT BY OWNER: _____

CAN ADD (Additional Real Estate, Cash, and Personal Property) to Complete Transaction: _____

REMARKS: _____

CAN BE REFINANCED FOR: \$ _____

OWNER: _____ OCCUPATION: _____

BROKER/AGENT: _____ PHONE: _____

FIRM: _____ FAX: _____

ADDRESS: _____ EMAIL: _____

NOTE: Additional Back-Up Material to be provided in Back-Up Package
To submit form, fax it to NYSCAR office (Fax: 518-462-5474) or Email to info@nyscar.org
or cegan@nysar.com.

Please submit by **June 17, 2024** so that your property is included in the marketing book.