

STREET ADDRESS:	CITY:	STATE:	LOAN NUMBER:
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3. SCHEDULE OF CAPITAL IMPROVEMENTS

Please identify any capital repairs or improvement costs for the property in the last 3 years and year-to-date. Also, identify proposed work to be done in the next 12 months. Please attach your own budget or worksheet, if available.

ITEMS	3 Years Ago Expense	2 Years Ago Expense	Last Year Expense	This Year Expense
Ranges				
Vinyl/Tile				
HVAC Equipment				
Roofs				
Washers				
Dryers				
Asphalt				
Parking Lot				
Paint				
Landscaping				
Common Area				
Canopy's				
Signage				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

Actual/Proposed work to be completed in the next 12 months. Please attach your own budget or worksheet, if available.

- | | | | |
|----|-------|----|-------|
| 1) | _____ | \$ | _____ |
| 2) | _____ | \$ | _____ |
| 3) | _____ | \$ | _____ |