

# REHAB WORKSHEET

PROPERTY ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

## 1. CASH OUT OF POCKET

Downpayment \_\_\_\_\_  
Closing Costs \_\_\_\_\_  
Appraisal \_\_\_\_\_  
Termite Inspection \_\_\_\_\_  
Survey \_\_\_\_\_  
Title Insurance \_\_\_\_\_  
Attorneys Fees \_\_\_\_\_  
Miscellaneous \_\_\_\_\_  
TOTAL: \_\_\_\_\_ 0

## 2. COST OF REHAB

Flooring \_\_\_\_\_  
Painting \_\_\_\_\_  
Roofing \_\_\_\_\_  
Windows/Screens \_\_\_\_\_  
Kitchen (faucets, cabinets, etc.) \_\_\_\_\_  
Bathroom (vanity, sink, tub, etc.) \_\_\_\_\_  
Bedrooms \_\_\_\_\_  
Decorations (ceiling fans, brass, etc.) \_\_\_\_\_  
Doors \_\_\_\_\_  
Foundation \_\_\_\_\_  
Fireplace \_\_\_\_\_  
Plumbing \_\_\_\_\_  
Electrical \_\_\_\_\_  
Insulation \_\_\_\_\_  
Miscellaneous \_\_\_\_\_  
+ 15% Overrun \_\_\_\_\_  
TOTAL: \_\_\_\_\_ 0

3. ESTIMATED HOLDING COSTS:

Payments \_\_\_\_\_  
Insurance \_\_\_\_\_  
Taxes \_\_\_\_\_  
Utilities \_\_\_\_\_  
TOTAL: \_\_\_\_\_ 0

4. ESTIMATED SELLING COSTS (following rehab)

Closing Costs \_\_\_\_\_  
Attorneys Fees \_\_\_\_\_  
Document/Transfer Taxes \_\_\_\_\_  
Commissions \_\_\_\_\_  
TOTAL: \_\_\_\_\_ 0

5. TOTAL Estimate of Acquisition, Rehab and Selling Costs

\_\_\_\_\_ 0

5a. MORTGAGE BALANCE PAYOFF

\_\_\_\_\_

6. TOTAL COST OF PROPERTY

\_\_\_\_\_ 0

7. PROJECTED SELLING PRICE

\_\_\_\_\_

8. TOTAL PROFIT

\_\_\_\_\_ 0

**SALE**