

RICK SINGH, CFA ORANGE COUNTY PROPERTY APPRAISER 200 South Orange Avenue, Suite 1700 Orlando, FL 32801-3438 Commercial Section (407) 836-5978	State of Florida County of Orange For Year Ending December 31, 2017	Income and Expense Survey Confidential per 195.027 Florida Statute Return By April 20, 2018
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INCORRECT MAILING ADDRESS?
 If the owner's name or mailing address listed on this survey is incorrect, please visit our website at www.ocpafil.org and select FORMS. Please complete the Mailing Address Change form and return as instructed.

Please provide: (1) January 1, 2018 rent roll, (2) December 31, 2017 year end Income and Expense statement, (3) 2017 Tax Return, and (4) 2017 Balance Sheet.

Check this box if your property was 100% "owner occupied" and did not have tenants during 2017 & ONLY complete sections III, IV, V, VI, VII & VIII

I. INCOME (PLEASE SEE SCHEDULES ON REVERSE SIDE)			
Office	(See Schedule A)	(1)	_____
Warehouse	(See Schedule B)	(2)	_____
Retail	(See Schedule C)	(3)	_____
Apartment/Rental	(See Schedule D)	(4)	_____
Mobile Home / RV Parks	(See Schedule D)	(5)	_____
Hotel / Motel	(See Schedule E)	(6)	_____
Total Income	(Add Lines 1 thru 6)		(7) _____

II. OPERATING EXPENSES			
Utilities	(8)	_____	
Maintenance	(9)	_____	* Exclude Taxes, Interest & Depreciation
Administration	(10)	_____	
Management	(11)	_____	
Services	(12)	_____	
Property Insurance	(13)	_____	
Franchise Fees	(14)	_____	
Miscellaneous	(15)	_____	
*Total Operating Expenses	(Add Lines 8 thru 15)		(16) _____
Net Operating Income	(Subtract Line 16 from Line 7)		(17) _____

III. OTHER INFORMATION			
*Reserves for replacement charged this period	_____	_____	* Please submit documentation
Capital Improvements charged this period	_____	_____	
Tenant Improvements charged this period	_____	_____	
Depreciation Expense charged this period	_____	_____	
Property Tax Expense charged this period	_____	_____	

IV. MORTGAGE INFORMATION			
	1st Mortgage	2nd Mortgage	3rd Mortgage
Date	_____	_____	_____
Original Amount	_____	_____	_____
Interest Rate %	_____	_____	_____
Term (Years)	_____	_____	_____
Balloon (Amount/Date)	_____	_____	_____

V. APPRAISAL/ SALE INFORMATION	
Has there been an appraisal on the property within the last 2 years? _____	Appraised Value: _____
If property is for sale, please give the asking price: _____	Listing Broker: _____ Time on the market _____
If you purchased the property within the past 3 years, give date: _____	Price Paid: _____
If you had the building constructed, give date: _____	Cost: _____
Is this property in foreclosure? _____ How Long? _____	By Whom? _____
What is your opinion of value? _____	Why? _____

VI. OWNED INTANGIBLE PERSONAL PROPERTY (ATTACH BALANCE SHEET)	
Description: _____	Amount per Balance Sheet: _____

VII. ADDITIONAL COMMENTS: ATTACH PAGE(S)
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SCHEDULES A THRU C

OFFICE / WAREHOUSE / RETAIL

				SQUARE FEET	ASKING RENT
NET LEASABLE AREAS: Total Units _____ Tenant Count _____				Office Space _____	_____
				Retail Anchor Space _____	_____
				Retail Local Space _____	_____
				Warehouse Space _____	_____
				Production Areas _____	_____
				Other _____	_____
				Total	_____

NLA/SF	RENT RATE	BEGIN DATE	END DATE	NLA/SF	RENT RATE	BEGIN DATE	END DATE

INCOME	SCHEDULE A (OFFICE BLDG)	SCHEDULE B (WAREHOUSE)	SCHEDULE C (RETAIL)
Gross Rent @ 100 % Occupancy	_____	_____	_____
Vacancies (Rent Loss)	_____	_____	_____
Concessions to Lease	_____	_____	_____
Actual Rents Received	_____	_____	_____
Misc/Other Income(% Rent, Cell Tower)	_____	_____	_____
Pass Thrus & CAM	_____	_____	_____
Parking	_____	_____	_____
Total Income	_____	_____	_____
Average Annual Occupancy %	_____	_____	_____

SCHEDULE D APARTMENT / MOBILE HOME PARKS

INCOME	#UNITS/SPACE	RENT RANGE	UNIT SIZE	Included in Rent:
Gross Rent @ 100% Occupancy	MHP (Lot only) _____	_____	_____	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Pest <input type="checkbox"/> Electric <input type="checkbox"/> Cable <input type="checkbox"/> Other
Vacancies and Rent Loss	MHP (Lot&Home) _____	_____	_____	
Actual Rents Received	RV Park _____	_____	_____	
Concessions to Lease	Studio/Eff _____	_____	_____	
Other Income	1B1B _____	_____	_____	
Total Income	2B1B _____	_____	_____	
Total Units / Spaces _____ Avg Annual Occupancy % _____	2B2B _____	_____	_____	
Property Subsidized? _____ Which Program? _____	3B2B _____	_____	_____	
Number of Park Owned Mobile Homes _____	TH/Loft _____	_____	_____	
	Retail/Restaurant _____	_____	_____	

SCHEDULE E HOTEL / MOTEL

INCOME	EXPENSES
Rooms _____	Rooms _____
Food & Beverage _____	Food & Beverage _____
Other Operated Departments _____	Other Operated Departments _____
Miscellaneous Income _____	Administrative and General _____
Total Income _____	Information & Telecommunications Systems _____
Restaurants _____	Sales & Marketing _____
Lounges _____	Property Operation and Maintenance _____
Banquet _____	Utilities _____
Convention _____	Miscellaneous _____
Retail _____	Total Expenses _____
Other _____	
# SEATS _____	
SQUARE FEET _____	
Total Rooms _____	
Avg Rate _____	
Avg Occupancy _____%	

SECTION VIII

Please Attach Corresponding Profit/Loss Statement And Rent Roll

Person Preparing Form _____ Owner / Employee

Phone _____ Fax _____ Agent (If Agent, state company name) _____

E-Mail _____ Signature _____ Date _____