RICK SINGH ORANGE COUNTY PROPERTY APPRAISER 200 South Orange Avenue, Suite 1700 Orlando, FL 32801-3438 Review Section (407) 836-5933	State of Florida County of Orange For Year Ending December 31, 2012	Income and Expense Survey Confidential per 195.027 Florida Statute Return By April 25, 2013

INCORRECT MAILING ADDRESS?
If the owner's name or mailing address listed on this survey is incorrect, please visit our website at www.ocpafl.org and select FORMS/ Please complete the Mailing Address Change form and return as instructed.

☐ ***Check this box if your property was 100% "owner occupied" and did not have tenants during 2012 & ONLY complete sections III, IV, V, VII***

I. INCOME (PLEASE SEE SCHEDULES ON REVERSE SIDE)

Office	(See Schedule A)	(1) _____	
Warehouse	(See Schedule B)	(2) _____	
Retail	(See Schedule C)	(3) _____	
Apartment	(See Schedule D)	(4) _____	
Hotel / Motel	(See Schedule E)	(5) _____	
Mobile Home / RV Parks	(See Schedule D)	(6) _____	
Total Income	(Add Lines 1 thru 6)		**(7)** _____

II. OPERATING EXPENSES

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

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. ADDITIONAL COMMENTS:

_____

_____

OFFICE / WAREHOUSE / RETAIL RENT ROLL AND WORKSHEET

NET LEASABLE AREAS:

	SQUARE FEET	ASKING RENT
Office Space		
Retail Anchor Space		
Retail Local Space		
Warehouse Space		
Production Areas		
Other		
Total		

NLA	RENT RATE	BEGIN DATE	END DATE

NLA	RENT RATE	BEGIN DATE	END DATE

SCHEDULES A THRU C

INCOME	SCHEDULE A (OFFICE BLDG)	SCHEDULE B (WAREHOUSE)	SCHEDULE C (RETAIL)
Gross Rent @ 100 % Occupancy			
Vacancies and Rent Loss			
Actual Rents Received			
Escalation			
Misc. (Including Pass thru & Cams)			
Parking			
Total Income			
Average Annual Occupancy %			

SCHEDULE D — APARTMENT / MOBILE HOME PARKS

INCOME

Gross Rent @ 100% Occupancy _____
Vacancies and Rent Loss _____
Actual Rents Received _____
Concessions to Lease _____
Laundry _____
Miscellaneous _____
Total Income _____

Total Units / Spaces _____Avg Annual Occupancy %_____
Property Subsidized? _____Annual Amount of Subsidy_____

☐ Mowing ☐ Trash ☐ Sewer
☐ Gas ☐ Electric ☐ Water

	#UNITS/SPACE	RENT	SQ. FT/UNIT
MH Park			
RV Park			
Studio			
Efficiency			
1B1B			
2B1B			
2B2B			
3B2B			
Other			
Other			

SCHEDULE E — HOTEL / MOTEL

INCOME

Rooms _____
Food & Beverage _____
Banquet & Convention _____
Telephone _____
Other _____

Cost of Goods Sold

Rooms _____
Food & Beverage _____
Banquet & Convention _____
Telephone _____
Other _____
Total Income _____

	# SEATS	SQUARE FEET
Restaurants		
Lounges		
Banquet		
Convention		
Retail		
Other		

Total Rooms_____ Avg Rate_____ Avg Occupancy _____%

SECTION VII

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 _____